

The Commonwealth of Massachusetts

ANNUAL REPORT

OF THE

TRUSTEES

OF THE

BOSTON STATE HOSPITAL

FOR THE

YEAR ENDING NOVEMBER 30, 1931

THE NINETY-FIRST ANNUAL REPORT OF THE HOSPITAL
FOUNDED IN 1839 BY THE CITY OF BOSTON



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GARDNER, MASS.

BOSTON STATE HOSPITAL

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TRUSTEES' REPORT

To His Excellency, the Governor, and the Honorable Council:

The trustees of the Boston State Hospital have the honor to submit herewith their twenty-third annual report covering the year ended November 30, 1931.

The trustees have held their usual meetings and have maintained through their committees a monthly inspection of the hospital, which at all times has appeared to be in a satisfactory condition. The appended reports of the Superintendent and Treasurer describe in detail the operations of the year.

In February Mr. Leopold M. Goulston was appointed a member of the Board, succeeding Mr. J. Waldo Pond, whose term had expired.

PATIENTS UNDER THE CARE OF THE TRUSTEES

The number of patients in the hospital has varied from 2,027 to 2,282, the average daily population being 2,155.97. In addition there were on the average 13.12 patients in private care and 180.93 on visit or escape.

COST OF MAINTENANCE

The amount allowed for maintenance this year by the General Court was \$863,164.99, including \$21,684.99 brought over from the previous year. The allowance for personal service was not sufficient to fill all the positions to which the hospital was entitled under the rules of the Department based on the number of patients, but there has been no scarcity of applicants except for the position of assistant physician.

ESTIMATES FOR MAINTENANCE

The following are the estimates of the amount needed for maintenance for the ensuing year on the established salary scales and the established per capita allowance for a population of 2,100:

Personal service	\$470,813.00
Religious instruction	2,080.00
Travel, transportation, etc.	7,605.00
Food	175,500.00
Clothing and materials	27,300.00
Heat, light and power	80,520.00
Medical and general care	19,296.00
Furnishings and household supplies	37,050.00
Farm	6,700.00
Garage, stable and grounds.	3,200.00
Repairs, ordinary	18,525.00
Repairs and renewals	8,000.00
Total	<u>\$856,589.00</u>

NEW CONSTRUCTION

In 1930 the General Court made provision for an extension of the steam lines, for the construction of a building to accommodate 80 women employees and an office for the East Group, for the construction of a small building for male employees on the foundations of an old barn, for the removal of a portion of the old administration building and its transformation into a residence for members of the staff, and the tearing down of the remainder of the building, and for the construction of a greenhouse. All of this work has been completed except the building of the greenhouse and the demolition of the remnant of the old administration building. For both undertakings arrangements have been made.

The General Court of 1931 appropriated \$400,000 for the construction and equipment of a reception building, thus meeting the major need of the hospital. Work on this building has made substantial progress. The General Court also made provision for fencing the grounds of the hospital. Work on the fence has been delayed due to the construction of a roadway through a portion of the hospital grounds by the Metropolitan District Commission.

The trustees have recommended to the Department of Mental Diseases the early consideration of the following additional accommodations and facilities. The need of these is explained at length in the accompanying report of the Superintendent.

1. Building for 45 women, 12 married couples and an office for the West Group.
2. Building for 125 male employees.
3. Three cottages for physicians.
4. Laboratory and research building.
5. Further road construction.
6. Root cellar.

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ALBERT EVANS

LEOPOLD M. GOULSTON

Trustees.

SUPERINTENDENT'S REPORT

To the Board of Trustees of the Boston State Hospital:

The following is a report of the activities of the hospital for the statistical year ending September 30, 1931, and the fiscal year ending November 30, 1931. Founded by the City of Boston in 1839, this marks the completion of its ninety-second year as a hospital for mental diseases, and the twenty-third year of its history as a State institution.

MOVEMENT OF POPULATION

The census of the hospital on September 30, 1930, was as follows: in the wards, men, 981, women, 1,279, total, 2,260; at home on visit, men, 83, women, 114, total, 197; boarding out, men, none, women, 9; and out on escape, men, 5, women, none; making a total of 2,471, 1,069 men and 1,402 women, in the custody of the hospital.

Three hundred and thirty-six men and 370 women, a total of 706, were received during the year. This included the following: first admissions as insane, men, 179 women, 250, total, 429*; readmissions as insane, men, 41, women, 40, total, 81; first admissions, temporary care, men, 65, women, 40, total 105; readmissions, temporary care, men, 37, women, 25, total, 62; and transferred from other institutions, men, 14, women, 15, total, 29. Three hundred and forty-one, including 169 men and 172 women, were discharged during the year. One hundred and thirteen men and 109 women, a total of 222, were transferred to other institutions. One hundred and fifty men and 153 women, a total of 303, died during the year.

The census on September 30, 1931, was as follows: in the wards, men, 895, women, 1,232, total, 2,127; at home on visit, men, 75, women, 91, total, 166; boarding out, men, none, women, 15; and out on escape, men, 3, women, none; making a total of 2,311, 973 men and 1,338 women, in the custody of the hospital.

The total number of cases treated during the year was 3,177, 1,405 men and 1,772 women.

The average daily number of patients for the statistical year was as follows: men, 1,027.77, women, 1,356.10, total, 2,383.87. The average daily number in the wards was: men, 938.11, women, 1,248.68, total, 2,186.79, or 91.73 per cent of the whole number. The average daily number at home on visit was: men, 85.88, women, 94.97, total, 180.85, or 7.59 per cent. The average daily number boarding out was: men, none, women, 12.45, or .52 per cent. The average daily number out on escape was: men, 3.78, women, .002, total, 3.782, or .16 per cent. The average daily number of committed cases was: men, 916.77, women, 1,241.08, total, 2,157.85, or 98.67 per cent of the number in the wards. There were no voluntary cases during the year. The average daily number of emergency cases was: men, .022, women, .030, total, .052, or .002 per cent. The average daily number of cases under complaint or indictment was: men, 15.10, women, 2.32, total, 17.42, or .79 per cent. The average daily number of temporary care cases, including the emergency cases and those under complaint or indictment, was: men, 21.34, women, 7.60, total, 28.94, or 1.33 per cent. The average daily number of epileptics was: men, 16.99, women, 17.91, total, 34.90, or 1.60 per cent. The average daily number of tuberculous patients was: men, 17.72, women, 40.96, total, 58.68, or 2.68 per cent. The average daily number of reimbursing cases was: men, 100.41, women, 193.17, total, 293.58, or 13.42 per cent. The average daily number of cases supported by the State was: men, 837.70, women, 1,055.51, total, 1,893.21, or 86.58 per cent. The average daily number of ex-service cases was: men, 22.94, women, 2.00, total, 24.94, or 1.14 per cent.

The recovery rate, based on the number of all first admissions (534), was 13.11 per cent; based on the total number cared for during the year (3,177), 2.20 per cent; based on the average daily number in the wards (2,186.79), 3.20 per cent; and based on the total number of admissions for the year (706), 9.91 per cent.

The death rate, based on the total number cared for during the year, was 9.53 per cent; and based on the average daily number in the wards, 13.86 per cent. Compared with other hospitals of a similar character, the death rate at this institution is unusually large, owing to the large proportion of the population (over 35 per cent) which is of the infirm type, and the fact that about 10 per cent are bed

*Including 4 men and 4 women committed from temporary care admissions of the preceding year.

cases. The acutely ill, the senile, and the infirm cases from the city cannot be transported readily to distant places and are therefore committed to the Boston State Hospital. It is obvious that for the same reason too much significance should not be attached to the recovery rate. In this connection, attention should be called to the fact that the first admissions for this year represent an average age on admission of 54.5 years, which is two years higher than the preceding year; the first admissions at the age of sixty or over have increased about 8 per cent, and the first admissions at the age of seventy or over have increased about 9 per cent.

Of the first admissions as insane, 197, or 45.92 per cent, were foreign born, and 317, or 73.90 per cent, were of foreign parentage on one or both sides. Fifty-two, or 12.12 per cent, were aliens. Citizenship was unascertained in 45, or 10.49 per cent. Of the 4,227 consecutive first admissions for the ten-year period ending September 30, 1931, 2,055, or 48.61 per cent, were foreign born; 3,358, or 79.44 per cent, were of foreign parentage on one or both sides; 774, or 13.58 per cent, were aliens; and citizenship was unascertained in 406, or 9.60 per cent.

The average age on admission was 54.5 years; 203, or 47.32 per cent, were sixty years of age or over, and 127, or 29.60 per cent, were seventy years of age or over. For the ten-year period ending September 30, 1931, the average age on admission was 52.24 years; 1,672, or 39.56 per cent, were sixty years of age or over; and 918, or 21.72 per cent, were seventy years of age or over.

The first admissions for the year, classified according to legal status, under the General Laws, were as follows:

	Males	Females	Total
Committed cases (Sec. 51, Chap. 123)	107	149	256
Cases committed from observation (Chap. 19, Acts of 1924)	1	1	2
Voluntary admissions (Sec. 86, Chap. 123)	0	0	0
Emergency commitments (Sec. 78, Chap. 123)	1	0	1
Pending examination and hearing (Sec. 55, Chap. 123)	0	0	0
Acquitted of murder by reason of insanity (Sec. 101, Chap. 123)	0	0	0
Temporary care cases (Sec. 79, Chap. 123)	62	94	156
Observation cases (Sec. 77, Chap. 123)	8	6	14
Total	179	250	429

The distribution of first admissions for the year, classified according to legal status, as shown by the above table, is therefore as follows: committed cases (Sec. 51, Chap. 123, General Laws), 59.67 per cent; cases committed from observation (Chap. 19, Acts of 1924), .47 per cent; emergency cases (Sec. 78, Chap. 123, General Laws), .24 per cent; observation cases (Sec. 77, Chap. 123, General Laws), 3.26 per cent; and temporary care cases (Sec. 79, Chap. 123, General Laws), 36.36 per cent. For the ten-year period ending September 30, 1931, the distribution of the 4,227 first admissions classified according to legal status, was as follows: committed cases (Sec. 51, Chap. 123, General Laws), 69.74 per cent; cases committed from observation (Chap. 19, Acts of 1924), .07 per cent; emergency cases (Sec. 78, Chap. 123, General Laws), .92 per cent; observation cases (Sec. 77, Chap. 123, General Laws), 4.87 per cent; and temporary care cases (Sec. 79, Chap. 123, General Laws), 23.78 per cent. The cases held under complaint or indictment (Sec. 100, Chap. 123, General Laws) constitute .43 per cent, but this is misleading inasmuch as these cases are included only for the first three years of the above period, being counted as temporary care since that time. During the ten years referred to, there was one case pending examination and hearing (Sec. 55, Chap. 123, General Laws), one case acquitted of murder by reason of insanity (Sec. 101, Chap. 123, General Laws), and one Boston Police case (Chap 307, Acts of 1910). No voluntary cases (Sec. 86, Chap. 123, General Laws), were received during that period.

Of the 429 first admissions for the year, the cause was unascertained or no cause given in 87, or 20.28 per cent. In the 342 cases where a definite cause was assigned, the etiologic factors reported may be classified as follows: senility, 42, or 12.28 per cent; arteriosclerosis, 157, or 45.90 per cent; syphilis, 19, or 5.55 per cent; alcoholism, 24, or 7.01 per cent; involutional changes, 9, or 2.63 per cent; and

traumatism, 3, or .88 per cent. There was a family history of mental diseases in 79, or 18.41 per cent; mental defects in 10, or 2.33 per cent; and nervous diseases in 21, or 4.90 per cent, of the first admissions. Of the 4,227 first admissions to the hospital during the ten-year period ending September 30, 1931, the cause was unascertained or no cause given in 1,161, or 27.47 per cent, of the cases. In the 3,066 cases where a definite cause was assigned, the etiological factors are classified as follows: senility, 611, or 19.93 per cent; arteriosclerosis, 845, or 27.56 per cent; syphilis, 340, or 11.09 per cent; alcoholism, 343, or 11.18 per cent; involutional changes 199, or 6.49 per cent; and traumatism, 39, or 1.27 per cent. There was a family history of mental diseases in 701, or 16.59 per cent; mental defects in 76, or 1.80 per cent; and nervous diseases in 156, or 3.69 per cent, of the first admissions during this period.

The forms of mental disease shown by the 429 first admissions for the year, briefly summarized, were as follows: senile psychoses, 43, or 10.02 per cent; psychoses with cerebral arteriosclerosis, 156, or 36.36 per cent; general paralysis, 20, or 4.66 per cent; psychoses with other brain or nervous diseases, 8, or 1.86 per cent; alcoholic psychoses, 18, or 4.20 per cent; psychoses with other somatic diseases, 9, or 2.10 per cent; manic-depressive psychoses, 86, or 20.05 per cent; involution melancholia, 10, or 2.33 per cent; dementia praecox, 21, or 4.90 per cent; paranoia and paranoid conditions, 15, or 3.50 per cent; epileptic psychoses, 5, or 1.17 per cent; psychoses with mental deficiency, 18, or 4.20 per cent; and all other psychoses one per cent or less. Two, or .47 per cent, were without psychosis. The psychoses of all first admissions are shown in Table 6, on page 28. The forms of mental disease shown by the 4,227 first admissions for the ten-year period ending September 30, 1931, are summarized as follows: traumatic psychoses, 21, or .50 per cent; senile psychoses, 601, or 14.22 per cent; psychoses with cerebral arteriosclerosis, 965, or 22.83 per cent; general paralysis, 315, or 7.43 per cent; psychoses with cerebral syphilis, 21, or .50 per cent; psychoses with Huntington's chorea, 3, or .07 per cent; psychoses with brain tumor, 10, or .24 per cent; psychoses with other brain or nervous diseases, 77, or 1.82 per cent; alcoholic psychoses, 277, or 6.55 per cent; psychoses due to drugs and other exogenous toxins, 18, or .43 per cent; psychoses with pellagra, 2, or .05 per cent; psychoses with other somatic diseases, 137, or 3.24 per cent; manic-depressive psychoses, 625, or 14.79 per cent; involution melancholia, 91, or 2.15 per cent; dementia praecox, 393, or 9.30 per cent; paranoia and paranoid conditions, 260, or 6.15 per cent; epileptic psychoses, 37, or .87 per cent; psychoneuroses and neuroses, 33, or .78 per cent; psychoses with psychopathic personality, 27, or .64 per cent; psychoses with mental deficiency 125, or 2.96 per cent; and undiagnosed psychoses, 151, or 3.58 per cent. Thirty-eight, or .90 per cent, were without psychoses. Attention should again be called to the fact that the psychoses represented by our first admissions are not consistent with the admission rate shown by other hospitals. This is due to the fact that the acutely ill, the senile, and the infirm cases from the City of Boston cannot be removed to distant institutions, and for that reason are brought here. It does not mean, of course, that the admission rates for manic-depressive insanity and for dementia praecox are lower in Boston. As a matter of fact, if the senile and arteriosclerotic cases are disregarded, it will be readily apparent that this is not the case.

The forms of mental diseases shown by the readmissions for the year, briefly summarized, were as follows: senile psychoses, 2, or 2.47 per cent; psychoses with cerebral arteriosclerosis, 4, or 4.94 per cent; general paralysis, 3, or 3.70 per cent; psychoses with other brain or nervous disease, 1, or 1.24 per cent; alcoholic psychoses, 6, or 7.40 per cent; psychosis due to drugs or other exogenous toxins, 1, or 1.24 per cent; psychosis with other somatic disease, 1, or 1.24 per cent; manic-depressive psychoses, 36, or 44.44 per cent; dementia praecox, 11, or 13.58 per cent; paranoia or paranoid condition, 1, or 1.24 per cent; psychoneuroses and neuroses, 2, or 2.47 per cent; psychoses with psychopathic personality, 3, or 3.70 per cent; psychoses with mental deficiency, 6, or 7.40 per cent; undiagnosed psychoses, 2, or 2.47 per cent; and without psychosis, 2, or 2.47 per cent.

Of the 81 readmissions, 38, or 46.91 per cent, were committed under the provisions of section 51, chapter 123, of the General Laws; 35, or 43.21 per cent, were

temporary care cases (section 79, chapter 123, General Laws); and 8, or 9.88 per cent, were observation cases (section 77, chapter 123, General Laws). No emergency cases (section 78, chapter 123), no voluntary cases (section 86, chapter 123) and no cases pending examination and hearing (section 55, chapter 123) were included in the readmissions for the year.

The total number of insane cases discharged during the year was 191. Of this number, 56, or 29.32 per cent, were discharged as recovered; 104, or 54.45 per cent, as improved; 26, or 13.61 per cent, as unimproved; and 5, or 2.62 per cent, as without psychosis. Of the 56 recovered cases, 1, or 1.79 per cent, was a case of psychosis with cerebral arteriosclerosis; 12, or 21.42 per cent, were cases of alcoholic psychosis; 3, or 5.35%, psychosis due to drugs and other exogenous toxins; 4, or 7.14 per cent, psychosis with other somatic disease; 30, or 53.57 per cent, manic-depressive psychosis; 1, or 1.79 per cent, each, involution melancholia, psychoneurosis or neurosis, psychosis with psychopathic personality, and undiagnosed psychosis; and 2, or 3.57 per cent, psychosis with mental deficiency. Of the 104 cases discharged as improved, 2, or 1.92 per cent, were cases of traumatic psychosis; 5, or 4.81 per cent, senile psychosis; 16, or 15.38 per cent, psychosis with cerebral arteriosclerosis; 3, or 2.89 per cent, general paralysis; 3, or 2.89 per cent, psychosis with other brain or nervous disease; 6, or 5.78 per cent, alcoholic psychosis; 2, or 1.92 per cent, psychosis with other somatic disease; 25, or 24.04 per cent, manic-depressive psychosis; 5, or 4.81 per cent, involution melancholia; 9, or 8.65 per cent, dementia praecox; 9, or 8.65 per cent, paranoia and paranoid conditions; 2, or 1.92 per cent, epileptic psychosis; 1, or .96 per cent, psychoneurosis or neurosis; 1, or .96 per cent, psychosis with psychopathic personality; 11, or 10.58 per cent, psychosis with mental deficiency; and 4, or 3.84 per cent, undiagnosed psychosis. Of the 26 cases discharged as unimproved, one, or 3.85 per cent, was a case of senile psychosis; 8, or 30.77 per cent, psychosis with cerebral arteriosclerosis; 3, or 11.53 per cent, general paralysis; 3, or 11.53 per cent, psychosis with other brain or nervous disease; 2, or 7.69 per cent, manic-depressive psychosis; 1, or 3.85 per cent, involution melancholia; 4, or 15.39 per cent, dementia praecox; 1, or 3.85 per cent, paranoia or paranoid conditions; 1, or 3.85 per cent, psychosis with mental deficiency; and 2, or 7.69 per cent, undiagnosed psychosis.

The following is a study of the entire hospital residence (including other institutions for mental diseases) of the cases discharged during the year: Nine, or 4.71 per cent, were discharged after a residence of less than one month; 13, or 6.81 per cent, after a residence of from one to six months; 3, or 1.57 per cent, from six months to one year; 96, or 50.26 per cent, from one to two years; 28, or 14.66 per cent, two to three years; 11, or 5.76 per cent, three to four years; 8, or 4.18 per cent, four to five years; 18, or 9.43 per cent, five to ten years; and 5, or 2.62 per cent, ten years or over. The average duration of hospital residence was 2 years, 5 months, and 26 days.

Of the 287 deaths occurring during the year, 200, or 69.69 per cent, represented cases dying at the age of sixty or over. In 129, or 44.94 per cent, death occurred at the age of seventy or over. Of the 2,633 deaths occurring at the hospital during the ten-year period ending September 30, 1931, 1,852, or 70.34 per cent, were cases dying at the age of sixty or over; and in 1,006, or 38.21 per cent, death occurred at the age of seventy or over.

The principal causes of death during the year were as follows: endocarditis and myocarditis, 100, or 34.84 per cent; bronchopneumonia, 64, or 22.30 per cent; general paralysis of the insane, 27, or 9.41 per cent; tuberculosis of the lungs, 26, or 9.06 per cent; arteriosclerosis, 15, or 5.23 per cent; cancer, 11, or 3.83 per cent; nephritis, 10, or 3.48 per cent; lobar pneumonia, 8, or 2.80 per cent; and cerebral hemorrhage, 5, or 1.74 per cent.

The psychoses represented by deaths occurring in the hospital during the year were as follows: senile psychoses, 49, or 17.07 per cent; psychoses with cerebral arteriosclerosis, 118, or 41.12 per cent; general paralysis, 30, or 10.45 per cent; alcoholic psychoses, 16, or 5.57 per cent; psychoses with other somatic diseases, 9, or 3.13 per cent; manic-depressive psychoses, 14, or 4.88 per cent; involution melancholia, 3, or 1.04 per cent; dementia praecox, 25, or 8.71 per cent; paranoia and paranoid conditions, 5, or 1.74 per cent; psychoses with mental deficiency, 7,

or 2.44 per cent; and each of the following less than 1 per cent: psychosis with cerebral syphilis, psychosis with Huntington's chorea, psychosis with brain tumor, psychoses with other brain or nervous diseases, psychosis due to drugs and other exogenous toxins, epileptic psychoses, psychoneurosis or neurosis, and undiagnosed psychosis. Of the 49 cases of senile psychosis dying in the hospital during the year, 13, or 26.33 per cent, were due to bronchopneumonia, and 22, or 44.90 per cent, to endocarditis and myocarditis. Of the 118 cases of psychoses with cerebral arteriosclerosis, death was due in 50, or 42.38 per cent, to endocarditis and myocarditis, in 37, or 31.36 per cent, to bronchopneumonia, and in 10, or 8.50 per cent, death was attributed directly to arteriosclerosis. Of the 30 cases of general paralysis, death is reported as due to general paralysis of the insane in 27, although bronchopneumonia occurred in 15, or 50 per cent. Of the 25 cases of dementia praecox, death was due to bronchopneumonia in 3, or 12 per cent, to cancer in 3, or 12 per cent, to endocarditis and myocarditis in 6, or 24 per cent, and to tuberculosis of the lungs in 9, or 36 per cent.

Of the 287 patients dying in the hospital during the year, the total duration of hospital residence was as follows: less than one year, 150, or 52.26 per cent; one to three years, 44, or 15.33 per cent; three to five years, 19, or 16.62 per cent; five to seven years, 15, or 5.23 per cent; seven to nine years, 9, or 3.14 per cent; nine to eleven years, 7, or 2.44 per cent; eleven to fifteen years, 16, or 5.57 per cent; fifteen to twenty years, 12, or 4.18 per cent; and twenty years and over, 15, or 5.23 per cent. The psychoses showing the longest hospital residence were as follows: senile psychosis, two over 16 years and one over 19 years; psychosis with cerebral arteriosclerosis, one over 21 years; psychosis with cerebral syphilis, one over 16 years; manic-depressive psychosis, one over 18 years; dementia praecox, one 20 years, one 33, one 36, one 37, and one 45 years; paranoia or paranoid condition, one 16, one 17, one 33, and one 34 years; and psychosis with mental deficiency, one over 24 years. The following shows the duration of hospital residence of all cases dying in the hospital during the ten-year period ending September 30, 1931: less than one year, 1,327 or 50.40 per cent; one to three years, 538 or 20.43 per cent; three to five years, 217, or 8.24 per cent; five to seven years, 145, or 5.51 per cent; seven to nine years, 89, or 3.38 per cent; nine to eleven years, 57, or 2.16 per cent; eleven to fifteen years, 119, or 4.52 per cent; fifteen to twenty years, 61, or 2.32 per cent; and twenty years and over, 78, or 2.96 per cent. In this total of 2,633 deaths, the duration of hospital residence was unascertained in 2, or .08 per cent.

Some results of a study of the hospital residence of all consecutive admissions to this hospital for a period of ten years beginning October 1, 1920 — a total of 6,368 cases — were published in the annual report for last year. These same cases have been studied again this year, at the expiration of twelve months after the last admission. From the total admissions, all of that number who have died or been transferred previous to October 1, 1931, have been excluded, leaving a total of 3,781 cases. No consideration has been given to the deaths or transfers because such cases represent an uncompleted hospital residence, and it is impossible to determine what their hospital residence would have been had it not been terminated by death or transfer.

This study shows that 6.79 per cent were discharged after a residence in the hospital of seven days or less; 19.07 per cent, after thirty days or less; 42.82 per cent, after six months or less; and 53.47 per cent, after one year or less. It is interesting to note that of the above 3,781 consecutive admissions 13.89 per cent remained in the hospital after a residence of five years or more, and 2.43 per cent, after a residence of more than ten years.

An analysis of 3,974 consecutive admissions to this hospital for the eleven-year period beginning October 1, 1920, and ending September 30, 1931, excluding deaths, transfers, and cases discharged as without psychosis, shows a recovery rate of 16.31 per cent.

The following general information relating to the ward service should be of interest:

	<i>Males</i>	<i>Females</i>	<i>Totals</i>	<i>Percentage</i>
Average daily population	938.11	1,248.68	2,186.79	100.00
In bed	90.79	140.85	231.64	10.59
Congregate dining room	795.12	724.24	1,519.36	69.48
Eating in wards	142.99	524.44	667.43	30.52
Fed by nurses	15.21	87.17	102.38	4.68
Idle	358.49	677.30	1,035.79	47.37
Employed	579.62	571.38	1,151.00	52.63
Parole of Grounds.	106.70	12.12	118.82	5.44
Out for Exercise	843.04	739.93	1,582.97	72.39
Noisy	53.75	229.58	283.33	12.95
Violent27	47.48	47.75	2.18
Destructive	17.14	183.16	200.30	9.16
Soiled or Wet.	108.56	220.14	328.70	15.03
Taking Medicine	42.00	30.41	72.41	3.31
Epileptic	16.99	17.91	34.90	1.60
Tuberculous	17.72	40.96	58.68	2.68
Infirm	366.97	419.13	786.10	35.95
In restraint	3.23	11.18	14.41	.66
In seclusion	5.49	23.09	28.58	1.30

The percentages given above represent the average daily number for the entire year, that is: the average daily number of patients in bed was 231.64, or 10.59 per cent of the average daily number of patients in the wards of the hospital for the year, and the average daily number out for exercise was 1,582.97, or 72.39 per cent of the same average daily population. The proximity of the institution to the City of Boston is responsible to a great extent for the large proportion of our patients who belong to the infirmary class — nearly thirty-six per cent this year of the total average daily number cared for. Taking into consideration the percentage of infirm, including the bed patients, it will be observed that a large proportion of our patients go out for exercise, and a considerable number are employed in useful occupations. The average daily number of noisy patients and the average daily number of violent patients continue to be of interest.

GENERAL HEALTH OF THE HOSPITAL

The health of the patients and personnel was good throughout the year. A small epidemic of grippe was experienced during the winter. In February, 98 mild cases occurred — 85 patients and 13 employees. The cases were evenly distributed, no particular group or ward of the hospital showing a marked preponderance of patients affected. In the majority, the disease ran a short course, and no deaths occurred. There were no other epidemics in the hospital during the year.

One patient, a man, was found when admitted from a general hospital to be suffering from pellagra. Under appropriate treatment the skin lesions disappeared and he recovered from his psychosis, which was due to pellagra. He has since left the hospital and has shown no tendency towards a recurrence.

One case of scarlet fever developed. This was in an attendant nurse. The disease was mild and ran an uncomplicated course, the nurse eventually returning to duty. No other cases appeared in the hospital and it was thought probable that the employee had contracted the disease while absent from the institution.

Mrs. Edna D. Allen, head housekeeper, died very suddenly on January 28th. She was attending to duties incident to her work when she suddenly became unconscious and died immediately. It was known that Mrs. Allen had been suffering from a chronic heart disease, for which she had been receiving treatment for some time.

During the year, the employees experienced the usual number of accidents and injuries, all of which were reported in the usual manner to the Department of Industrial Accidents. These injuries were of a minor nature with the exception of one which was quite serious — that of an attendant nurse who sustained a compound

fracture of the jaw as the result of being struck in the face by a disturbed patient.

Occasional fractures occurred among the aged and infirm patients, as the result of accidental falls. These were all reported to the Department of Mental Diseases and to the Board of Trustees.

Six hundred and nine-six (696) Wassermann examinations were made for us by the State Department of Public Health — 616 blood serum and 80 cerebrospinal fluid. There have been 596 treatments for neurosyphilis throughout the year, to 51 different patients, making an average number of 11.69 treatments per patient. A full account of this work is given on another page.

EMPLOYEES

On September 30, 1930, there were 454 persons employed in the hospital. During the year, 269 were appointed, 256 resigned, and 27 were discharged. Seven hundred and twenty-three persons occupied 477.5 positions — a rotation of 1.51. The average daily number of employees during the year was 458.64, with 3.53 per cent of vacancie. The average daily number in the ward service was 254.79, with 4.45 per cent of vacancies. The ratio of ward employees to patients was one to 8.58, and of all employees, one to 4.77. The personnel of the hospital has been more stable during the past year, and there has been a considerable increase in the number of applicants with higher educational qualifications. This is without doubt due to a great extent to the unemployment situation. The total number of visitors to patients during the year was about 70,000, the maximum number on one day being 1,081. These visitors require considerable attention from the nurses and attendants.

MEDICAL SERVICE

There were no changes in the medical staff until April 28, 1931. On that date, Dr. Eleanor H. Beamer, who was appointed assistant physician on July 7, 1930, resigned, and was succeeded on May 1st by Dr. Sirrka E. Vuornos. Dr. Vuornos was graduated from the Sandwich, Massachusetts, High School and was a student for three years at the Boston University College of Liberal Arts. She received the degree of M. D. from Tufts College Medical School in 1930, and was an interne for one year at the New England Hospital for Women and Children. Dr. William J. Dahill, appointed assistant physician on July 1, 1930, resigned on April 30, 1931. On June 15th, Dr. Joseph Hahn was appointed assistant physician to fill this vacancy. Dr. Hahn received his preliminary education at the English High School and Tufts College. He graduated from Tufts College Medical School in June, 1931. He served as an interne in the Nerve Service of the Boston City Hospital. Dr. Margaret C. McManamy was appointed assistant physician on September 17, 1931, to fill the vacancy created by the promotion of Dr. Herbert E. Herrin on August 1, 1929, from senior physician to Assistant Superintendent. Dr. McManamy is a graduate of the Athol High School and Tufts College Pre-Medical School. She received her medical degree from Tufts College Medical School in 1930, and served for one year as an interne at the Worcester Memorial Hospital, Worcester, Mass. During the summers of 1929 and 1930, she was a clinical assistant at this hospital.

The list of consultants remains unchanged. The hospital has been visited at frequent intervals by Dr. Irving J. Walker, Dr. Charles C. Lund, and Dr. Grace E. Rochford, who have performed the necessary major operations. Dr. William E. Preble and Dr. Albert Evans, internists, have responded to frequent calls during the year. Dr. Abraham Myerson, consulting neurologist, has seen several patients during the year, and Dr. Edwin H. Place, epidemiologist, has been called in consultation whenever communicable disease has been suspected. Five hundred and fifty-two patients were examined and treated in the eye clinic, which has been in charge of Dr. Paul A. Chandler throughout the year, and Dr. Donald H. Macdonald has examined and treated 524 patients in the ear, nose and throat clinic.

The third year students of Tufts College Medical School were given eight clinics in psychiatry by Dr. Roy D. Halloran, Assistant to the Commissioner of the Department of Mental Diseases, and by Dr. Herbert E. Herrin and Dr. Gerald F. Houser, instructors in psychiatry at the Tufts College Medical School, and one

clinic in mental deficiency by Dr. C. Stanley Raymond, Assistant to the Commissioner of the Department of Mental Diseases. As in the preceding year, two fourth year students of that school each month of the school year were in residence at the hospital and received instruction in psychiatry. Other clinics in psychiatry were given as follows: by Drs. Herrin and Houser, three to the third year students of the Boston University School of Medicine; by Dr. Herrin, one to the fourth year students of Middlesex College of Medicine and Surgery; and by various members of the medical staff, to the nurses from the training schools of Cambridge Hospital (two), Massachusetts Memorial Hospitals (one), and Beth Israel Hospital (one).

Instruction consisting of information relating to different forms of commitment, some facts pertaining to the keeping of records, hospital administration, and various methods of treatment, was given to a group of four physicians under the auspices of the Rockefeller Foundation.

Staff meetings have been held as usual, alternating between the East Group and the West Group, with one meeting each month at the pathological laboratory. At these meetings an effort is made to present all new admissions, as well as cases about to leave the hospital on visit or to be discharged.

During the past year, the venereal clinic was conducted by Dr. Gerald F. Houser with the assistance of Dr. Frederick LeDrew and Dr. William J. Dahill. Student internes were instructed in syphilotherapy and given an opportunity to perform some of the work. The Research Department treated a small number of cases of neurosyphilis and used typhoid vaccine in addition to tryparsamide in four cases. These were intravenous injections. Seven cases were given tryparsamide by the carotid route. In all, 27 cases, 23 men and 4 women, received 367 intravenous injections of tryparsamide. Of these, 12 showed distinct improvement, 6 grew worse, and 9 remained unchanged in a fairly well preserved state. One hundred and eighty-five intravenous injections of sulpharsphenamine were administered to 22 patients, 20 men and 2 women, and 7 of these were cases of vascular syphilis which was incidental and not a factor in any mental symptoms shown. Two of these cases of vascular syphilis became Wassermann negative and the other 5, cases of long standing, showed no active signs of the disease. Three neurosyphilitic patients receiving sulpharsphenamine were unaffected by treatment and grew definitely worse. The remaining 12 (neurosyphilitics) were unchanged by sulpharsphenamine therapy, but were in relatively good physical condition. Sixteen intravenous injections of a bismuth preparation were given to 4 men, 2 of whom showed neurological involvement. The other 2 were cases of vascular syphilis who had previously received sulpharsphenamine. Improvement was noted in both of the latter, while the other 2 remained unchanged. Twenty-eight injections of typhoid vaccine were given to 4 cases previously treated with arsenicals. Two of these remained unchanged and the other two grew worse. "Neurosyphilis" includes both general paralysis and cerebrospinal syphilis.

RESEARCH DEPARTMENT

The work of the research laboratory under the direction of the Department of Mental Diseases has been conducted during the year by Dr. Abraham Myerson. With him have been associated Dr. Roy D. Halloran, Dr. William Dameshek, and Dr. Julius Loman. Dr. Pelagio Potenciano, who joined this group on November 24th, left the first of June, and was replaced by Dr. Stewart Krohn, who was in residence at the hospital from June 15th to December first. The biochemical and general technical work is done by Miss Caroline Stephenson, and Mr. David Goldman has been assisting in the laboratory since June 15th. The illness of Dr. Loman has necessitated his absence for several months and impaired the activities of this department.

Studies have been made on the effects of drugs and the effects of other conditions on intracranial pressure, internal jugular pressure, and arterial pressure. It was shown that changes in posture, conditions in the thorax, and the abdominal pressure conditions affected in a consistent and predictable way the pressure in the internal jugular as well as in the cranium. The drugs studied were adrenalin, pituitarin, amyl-nitrate, histamin, and caffeine. It was shown that adrenalin

increased either the arterial or spinal fluid and venous pressure within the head; that histamin raised the intracranial pressure without changing the venous or arterial pressure; that caffeine lowered the intracranial pressure without affecting venous or arterial pressure; and that amyl-nitrate increased internal jugular venous pressure and spinal fluid pressure. Explanations for these results were tentatively made and their clinical significance noted.

A great deal of work in the laboratory has been in studies of the pigment in the blood in senile states. Thus far, no publication has been made on the subject. The technique is intricate and the results are frequently contradictory. There does seem, however, to be inactive pigment present in the blood of the senile patients, that is, pigment which is not performing the function of carrying oxygen to the tissues and returning carbon dioxide from them; in other words, there seems to be some fundamental interference with the physiology of these individuals.

Studies have been made on the reaction to fatigue in exertion, especially in relation to lactic acid formation. Here, too, the results have been definitely contradictory. It is probable that the technique used is limited, owing to the fact that we are dealing with human beings who respond emotionally to the situation. Some interesting and important leads, however, have been uncovered, which will be followed during the coming year.

We need more laboratory space, and this has been promised. The laboratory is in active collaboration with the Physiology Department of Tufts College Medical School and this will doubtless continue.

During the year the following papers were published in the Report of the Department of Mental Diseases: "The Physiological Approach to the Psychoneuroses," by Dr. Abraham Myerson; "Studies of the Biochemistry of the Brain Blood by Internal Jugular Puncture," by Dr. Abraham Myerson and Dr. Roy D. Halloran; "Comparison of Treated and Untreated Cases of General Paresis," by Dr. Julius Loman; "The White Blood Cells in General Paresis," by Dr. William Dameshek; and "Sedimentation Rates in Various Psychoses," by Caroline Stephenson. The following was published in collaboration with the Harvard Fatigue Laboratory: "The Composition of Blood in the Artery, in the Internal Jugular Vein and in the Femoral Vein during Oxygen Want," by Dr. Abraham Myerson, Dr. Julius Loman, Dr. H. T. Edwards, and Dr. D. B. Dill. Two papers on intracranial pressure and the relation to internal jugular pressure have been accepted by the Archives of Neurology and Psychiatry for publication. Papers on the above subjects were read at the Boston Society of Psychiatry and Neurology, the Greater Boston Medical Society, the Massachusetts Psychiatric Society, and the annual meeting of the American Neurological Society.

SOCIAL SERVICE DEPARTMENT

During the year, the work of the department has been under the direction of Miss Florence E. Armstrong, head social worker. The personnel of paid workers has remained unchanged throughout the year and consisted of one social worker and two assistant social workers in addition to the head social worker. Although a new assistant social worker was authorized in June, a vacancy still exists, owing to the difficulty in securing the most suitable candidate. In view of the policy, now well established, of training our own workers for State hospital social service, it is to be hoped that the vacancy may be filled from those thus qualified who were students last year and who are not yet employed.

This promise of an additional worker gives the social service department a new vision of its double objective. We believe it is the proper function to serve, first, the interests of the patient in relation to the hospital, and, second, the patient in the community. Heretofore, the first consideration has occupied the greater part of the time. By means of thorough, painstaking investigation, the social workers have aimed to assemble material from the patient's environment, which, supplementing the intensive study of the physician, helps to give a better understanding of the personality and to establish a diagnosis and a subsequent plan of treatment both psychiatric and social. This also provides a good foundation for the later work of supervision. However, it is our hope to accomplish more than the mere study and diagnosis of the cases considered. Both logically, and from the human

standpoint, work with the patients should be carried on after they leave the hospital. They should receive the benefit of supervision, of relief from social stresses when possible, and of aid in facing and solving their problems. A department twice the size of the present one could probably render adequate services to all patients who require such attention.

During the past year, the department has made full investigation in seventy-nine cases admitted under the provisions of Section 77 of Chapter 123 of the General Laws, and in twenty-one cases committed under the provisions of Section 100 of the same chapter, in addition to many cases regularly committed under Section 51. Social workers have also assisted the medical staff on visiting days and have taken numerous histories. Many of these histories have been developed, without request from the medical staff, into full investigations for diagnostic purposes in an effort to anticipate last minute calls from physicians presenting these patients at staff meetings. This is one instance of the better organization made possible by a larger personnel.

One student under training for State hospital service remained at the hospital throughout the nine months period. There being no vacancies in the social service departments in the State hospitals, at the expiration of this time she secured a position in the Travelers' Aid Society of Boston, having competed with several other well qualified candidates. Two students assigned to this hospital by the Simmons School of Social Work for their field training did excellent work and gave distinct assistance to the hospital.

The following tables shows the movement of patients under supervision and the social service work done during the year:

	Males	Females	Totals
In Family Care September 30, 1930	0	9	9
On visit September 30, 1930	83	114	197
On escape September 30, 1930	5	0	5
On visit from Family Care September 30, 1930	0	0	0
Dismissed to Family Care during the year	0	11	11
Went out on visit during the year	775	229	1,004
Escaped during the year	11	1	12
Admitted from Family Care during the year	0	5	5
Admitted from visit during the year	716	162	878
Admitted from escape during the year	11	1	12
Admitted from Family Care and discharged	0	0	0
Admitted from visit and discharged	67	90	157
Admitted from escape and discharged	2	0	2
In Family Care September 30, 1931	0	15	15
On visit September 30, 1931	75	91	166
On escape September 30, 1931	3	0	3
On visit from Family Care September 30, 1931	0	0	0
Total number of cases considered			543
New cases			422
Renewed cases within the year			65
Renewed cases from previous years			56
Cases continued from previous years			58
Cases closed during the year			486
Cases continued to following year			57

PATHOLOGICAL LABORATORY

Dr. Naomi Raskin, pathologist, has continued in charge of the laboratory during the past year, with the assistance of one laboratory technician. The following is a summary of the routine work of the pathological laboratory for the year: abdominal exudate, 1; autopsies, 149; bacteriological slide examinations, 89; bacteriological culture examination, 1; blood examinations: red counts, 116; white counts, 123; differential counts, 115; reticulocyte counts, 45; hemoglobin estimations, 116; clotting times, 2; gastric juice analyses, 2; icteric indices, 6; pleuritic fluid examinations, 5; spinal fluid examinations, 99; sputum examinations, 103; stomach content examinations, 6; stool examinations, 8; surgical specimens, 16; tissue sections, 1,387; urinalyses, 1,598; and vomitus, 1.

The number of deaths during the year was 303, 149 of which came to autopsy, making the autopsy percentage 49.17 for the year.

The psychoses represented in cases coming to autopsy were as follows: senile psychoses, 26; psychoses with cerebral arteriosclerosis, 58; general paralysis, 17; psychosis with Huntington's chorea, 1; psychoses with brain tumor, 2; psychoses with other brain or nervous diseases, cerebrospinal meningitis, 1, organic brain disease, 1; alcoholic psychoses, Korsakow's psychosis, 5, chronic hallucinosis, 2; alcoholic deterioration, 1, other types, 2; psychoses due to drugs and other exogenous toxins, allonal and veronal, 1, morphine, 1; psychoses with other somatic diseases, pulmonary tuberculosis, 1, cardiorenal disease, 6; manic-depressive psychoses, 7; involution melancholia, 2; dementia praecox, 8; paranoid conditions, 2; epileptic psychoses, 2; psychoses with mental deficiency, 2; and undiagnosed psychosis, 1.

The following were the causes of death: abscess of the lungs, 2; acute myocarditis and abscess of both frontal sinuses, 1; acute suppurative cystitis, 1; bronchopneumonia, 4; bronchopneumonia with: acute endocarditis, 1, acute and chronic myocarditis, 1, acute gastroenteritis, 1, acute suppurative otitis media, 1, brain tumor, 1, cardiorenal disease, 1, chronic myocarditis, 6, chronic myocarditis and syphilitic aortitis, 1, chronic fibrous myocarditis and general arteriosclerosis, 7, chronic nephritis, 2, fibrous degeneration of the heart, 1, general arteriosclerosis 24, general paralysis of the insane, 7, Huntington's chorea, 1, pernicious anemia, and general arteriosclerosis, 1, and pyelonephritis, 1; cancer of the common duct and gall bladder with arteriosclerosis and bronchopneumonia, 1; cancer of the stomach with general arteriosclerosis, 1; cancer of the uterus with fibrinopurulent peritonitis, 1; carcinoma of the esophagus, with bronchopneumonia, 1; carcinoma of the rectum, with bronchopneumonia, 1; carcinoma of the stomach with chronic myocarditis, 1; carcinomatosis with bronchopneumonia, 1; cardiorenal disease with arteriosclerosis and cirrhosis of the liver, 1; cardiovascular renal disease with general arteriosclerosis, 2; cerebral hemorrhage, 1; cerebral hemorrhage with bronchopneumonia, 1; cholecystitis with stone in the cystic duct, chronic parenchymatous nephritis and infarct of lung, 1; chronic myocarditis, 3; chronic myocarditis with: carcinoma of the bladder, 1, chronic nephritis, 2, pulmonary edema, 1; chronic pulmonary tuberculosis with acute endocarditis, 1; coronary thrombosis with general arteriosclerosis, 1; general arteriosclerosis, 6; general arteriosclerosis with: cerebral hemorrhage, 1, chronic endocarditis, 1, chronic endocarditis and chronic myocarditis, 1, chronic myocarditis, 15, chronic myocarditis and chronic nephritis, 2, chronic nephritis, 2, chronic nephritis and bronchiectasis, 1, chronic vascular nephritis and pericarditis, 1, and softening of the brain, 1; general paralysis of the insane, 2; general paralysis with chronic hepatitis, 1; general paralysis with diaphragmatic pleurisy, right, 1; hemoperitoneum with hemorrhage into the intestines, 1; lobar pneumonia, 2; lobar pneumonia with: chronic endocarditis and general arteriosclerosis, 1, general arteriosclerosis, 2, pleurisy with effusion, 1, and pulmonary tuberculosis, 1; mitral stenosis with general arteriosclerosis, 1; pernicious anemia with chronic myocarditis, 1; pulmonary tuberculosis, 4; pulmonary tuberculosis with: bronchopneumonia and general arteriosclerosis, 1, chronic myocarditis, 2, general arteriosclerosis, 1, edema of the brain, 1, tuberculous peritoneum, 1; renal calculi with pyelonephritis and general paralysis, 1; septicemia with multiple abscesses of the liver, 1; splenomyelogenous leukemia, 1; status epilepticus, 1; strangulated hernia with obstruction, 1; tuberculosis of the lungs, liver, intestines and peritoneum, and tuberculoma of the brain, 1; volvulus of the intestines, with chronic myocarditis and general arteriosclerosis, 1.

DENTISTRY

The work of the dental department has been carried on throughout the year by Dr. George S. Rileigh, the resident dentist, with the aid of one dental assistant. An effort is made to give each patient an examination at least twice during the year, although this is not possible in all cases. Each new admission is thoroughly examined within a day after arrival, and his condition recorded on dental charts, thus completing the physician's physical examination. Those who require treat-

ment on arrival are given immediate attention. General anesthesia is given in a number of cases where the use of a local anesthetic is contraindicated. Whenever necessary, curetting all diseased sockets and suturing of the tissue have been regular procedures. Gauze drain shave been used to a considerable extent whenever the operation required them. X-ray pictures have also been taken to help in diagnosis of suspicious conditions. The aim of the dental department is to preserve and restore, whenever possible, the masticatory apparatus as a whole. The following is a summary of the work accomplished during the year: examinations, 1,195; extractions, 1,260; filling, 694; prophylaxis, 713; restorations, 504; treatments, 1,676; patients treated, 2,542.

HYDROTHERAPY

During the year the hydrotherapy department has been under the direction of Mrs. Ina M. Mills at the East Group and Mr. Clarence A. Pond at the West Group. Six thousand four hundred and forty-five continuous baths were given to 76 different patients, and 11,171 wet sheet packs to 128 different patients, making the average number of continuous baths 84.8 per patient and that of packs 87.27. The average daily number for the year was 17.93 continuous baths and 30.61 packs. The following treatments were given during the year: salt glows, 252; saline baths, 465; foot baths as preparatory treatments, 305; tub shampoos, 740; hair shampoos, 750; rain douches, 325; fan douches, 168; pail douches, 225; needle sprays, 4,346; and cabinet baths, 20. Instruction was carried on as usual, and 87 lessons were given.

SCHOOL CLINIC

As in the past several years the work of the school clinic has been continued by Dr. Alberta S. B. Guibord, aided by one psychologist. The work has been carried on in the public schools of Everett and Somerville and 381 pupils have been examined. The diagnosis of intellectual equipment is distributed as follows: feeble-minded, 109; borderline, 127; dull normal, 100; normal, 30; supernormal, 1; diagnosis deferred, 14. Included in the above were 23 with psychopathic traits; 4 epileptics; 1 hydrocephalic; 1 Mongolian defective; 2 with chorea; and 7 delinquents (court). The correctable physical defects were as follows: nutrition, 106; posture, 32; vision, 70; hearing, 14; nose and throat, 61; and teeth, 109. One hundred and nine had no discoverable correctable defects. Recommendations were as follows: for a special class of some kind, 129; for institutions, 17; and other programs, 235.

TRAINING SCHOOL FOR NURSES

The nursing service of the hospital has been continued during the year under the direction of Miss Mary Alice McMahon, R. N., Principal of the School of Nursing. The training school for psychiatric nurses, established on October 1, 1930, began its second year with twenty pupils in the junior class and ten in the senior class. This training school provides a course of two years duration and is given to all of the ward employees who have the proper educational qualifications. Only those who have had a grammar school education are allowed to enter. The practical work includes instruction, and actual nursing care, in the wards, of patients suffering from the various types of mental disease. Special emphasis is given to the nursing care of patients showing symptoms of excitement, depression, confusion, suicidal and homicidal tendencies and epilepsy. Each student receives special instruction in medical and surgical nursing and practical work with acute and chronic bed cases. Practical instruction is also given in hydrotherapy, physiotherapy, the preparation and serving of food, the preparation of surgical dressings, and assisting at operations, etc. Lectures, recitations, and demonstrations are held according to schedule. When the term of two years is completed, the pupils are thoroughly qualified, and they will receive, if their conduct and examinations have been satisfactory, a certificate to that effect. The graduates of this course will be added to the list of eligibles for promotion in the hospitals. During the year 1931, the number of nurses graduating from the regular training schools of the Massachusetts State Hospitals was 37, an average of 5.29 for the seven hospitals represented, which were as follows: Danvers, 4; Grafton, 4; Medfield, 4; Monson,

3; Taunton, 5; Westborough, 9; and Worcester, 8. A recent report shows that in fourteen State Hospital training schools in New York there was an average number of six graduates per hospital in the Registered Nurse class.

The systematic instruction of attendant nurses, both male and female, not enrolled in other training school classes, is being continued along the lines prescribed by the Committee on Training Schools, representing the Department of Mental Diseases, and 98 have received such instruction during the year. We have now in the ward service eight graduates of the Boston State Hospital Training School.

OCCUPATIONS AND INDUSTRIES

In March of this year the head occupational therapist, Miss Augusta R. Hodges, was transferred to a neighboring hospital and was succeeded here by Miss Ethel M. Anderson. Of the eight assistants in this department, two have resigned and one worker has been appointed, leaving one vacancy. On account of these changes the work has been correspondingly handicapped. As usual, this department has been able to follow the progress of the male patients from the time of their admission until the time of their parole or discharge. There are class rooms for men in the West C and F buildings. Much woodwork is done, consisting chiefly of small articles from waste wood. There is also the weaving of rugs and runners, basketry, knotting, painting, some mop making, and the making of brushes and hooked rugs. Because of the need of more intensive occupational therapy in the East Group, the number of workers there has been increased from two to three, with promising results. The patients in the East A, B, C, D, and F buildings and in the admission and infirmary wards receive instructions three days a week each, the work being done in both the morning and afternoon. The customary routine has been followed among the female patients in the West Group, consisting of classwork in the basement of the B building and on the wards in the A building five mornings each week and ward work in both A and B buildings in the afternoon. The women enjoy needle work of all kinds, weaving, braiding and hooking rugs, knitting, crocheting, raffia work, toy making, basketry, painting and crayoning. The group in the West B basement is frequently called upon to mend for this section of the hospital. Approximately 625 different patients, more than one quarter of the hospital population, have been in contact with the department every week throughout the year with a daily average of 260, one-third of which were male patients and two-thirds female patients. The estimated value of the articles produced during the year was \$3,293.40, and that of the mending \$2,187.90, a total of \$5,481.30.

Mrs. Madge B. Richardson has carried on the work of the Industrial room for women as in several years past. The patients are occupied in basketry, rug making, weaving, lace making, embroidery, knitting, sewing, crocheting and mending. The estimated value of the articles produced in this department during the year is \$2,336.65, in the sewing room \$10,394.23 (a total of \$12,730.88), exclusive of mending, the value of which is estimated as \$3,766.00, making a total of \$16,496.88. The industrial work for the men in the West Group has been continued under the direction of Mr. James F. Hurley. This is done entirely in the basement of the B building in the West Group, and includes shoe repairing and various other repair work, the manufacture of several kinds of brushes, brooms, coat hangers, hats, mattresses, pillows, and numerous other articles. The estimated value of articles produced during the year is \$3,026.19, and of renovation and repairs, \$2,831.40, a total of \$5,857.59. The estimated value of all articles produced during the year in the occupational and industrial departments of the hospital is \$19,050.47, and of renovation and repairs, \$8,779.30, making a total value of \$27,829.77.

OCCUPATIONAL THERAPY CENTER AT CITY MILLS, MASSACHUSETTS

During the past year, the Occupational Therapy Center at City Mills has been filled to capacity almost continuously. Several women who have previously enjoyed their residence there prior to discharge from the hospital have returned, either for a rest or for a home between leaving one position and taking another. It would be a revelation to skeptics to observe with what contentment and good will toward one another a group of women can get along together in such a small world of their own. Great credit must be given to Mrs. Nellie Gay, who has direct super-

vision of the undertaking, for her extraordinary insight into difficult personalities, her capacity for preventing maladjustment in the group, and her serenity and composure in the face of all problems. There have been no serious illnesses among the patients and no one has been returned to the hospital. From time to time, those who are well enough, and who are trustworthy away from supervision, have been allowed to go home on visits. Several patients have been placed out to work, and more would have gone if this had not been such a difficult year in the economic world.

The old house purchased a year ago has been improved and repaired almost beyond recognition. It has been made into a charming home. This and the pleasant countryside, with its opportunity for strolls in the pine woods, make an exceptional environment for our patients.

On September 30th, Miss Alberta Grover, in charge of occupational therapy in the Center, resigned, and her successor had not been appointed at the end of the year.

The receipts for the sale of articles during the year have been somewhat less than in previous years, because of a dull market and the general lowering of prices in this field. This year the Trustees of the Permanent Charity Fund decided to withdraw their contribution to our work because other agencies were in need of their assistance and because of the fact that the State has assumed the financial responsibility for the City Mills enterprise. For several years this gift from the Permanent Charity Fund has been invaluable to our undertaking and it deserves our most grateful acknowledgment.

Dr. Arthur McGugan asked to be relieved of his duties as the treasurer of the fund, owing to the pressure of many other interests. He consented, however, to remain on the committee. We are deeply indebted to him for his services during several years. Mrs. Sydney Dreyfus became treasurer in Dr. McGugan's place. Her interest in the affairs of mental patients has already been manifested in her capacity as a Trustee of the Boston State Hospital. Nevertheless, it would be unfair to her many qualifications if we failed to emphasize her warm human interest in the happiness of these particular patients and her concern for their handicap. The personnel of the committee is as follows: Mrs. Sydney Dreyfus, Treasurer; Mrs. Horatio Lamb; Mrs. Henry Tudor; Mrs. Douglas Thom; and Dr. Arthur McGugan. The head social worker of the hospital acts as chairman, and is supervisor of the Center.

AGRICULTURAL ACTIVITIES FOR THE YEAR

The work of the farm has been carried on under the direction of Mr. Ralph B. Littlefield throughout the year. A total of $131\frac{1}{4}$ acres was under cultivation. This consisted of $48\frac{1}{8}$ acres devoted to gardening, $83\frac{3}{4}$ acres of meadowland, and $\frac{1}{4}$ acre of orchards and small fruits. The estimated value of farm products for the year was \$19,262.24.

FINANCIAL STATEMENT

The maintenance appropriation for the year was \$841,480.00, with \$21,684.99 brought forward from the preceding year, making a total of \$863,164.99.

	Amount Expended	Per Capita	Percentage of Total
Personal services	\$435,342.35	\$200.703	54.531
Travel, transportation and office expenses.	7,441.41	3.431	.932
Food	164,524.11	75.850	20.608
Clothing and materials	26,055.65	12.012	3.264
Furnishings and household supplies	34,413.68	15.866	4.311
Medical and general care	36,743.20	16.940	4.603
Religious instruction	2,079.98	.959	.260
Heat, light and power	51,643.41	23.809	6.469
Farm	6,164.47	2.842	.772
Garage, stable and grounds	8,529.91	3.933	1.068
Repairs, ordinary	14,746.37	6.799	1.847
Repairs and renewals	10,664.67	4.913	1.335
Total	\$798,349.21	\$368.057	100.000

Based on the average daily population of the hospital, 2,169.09, the per capita cost of maintenance for the year was \$368.57, or \$7.078 per week, the lowest per capita cost since 1928. This is due to a considerable extent to the lower prices of foodstuffs. The per capita cost for the year 1930 was \$374.334, or \$7.198 per week.

The large percentage of infirmary patients and the old ward buildings with small units and many single rooms require a greater number of employees than would otherwise be necessary. No buildings designed for purely custodial patients in large numbers have ever been erected at this hospital. Repairs on the old buildings are increasingly extensive.

GENERAL OPERATIONS FOR THE YEAR

During the year, religious services have been held regularly. Owing to ill health, Rev. Martin S. Curran, who had been chaplain for the Roman Catholic patients since December, 1928, was obliged to give up his duties here, and was succeeded in March by Rev. Frederick G. M. Driscoll. Protestant services have been conducted by Rev. Harold H. Cramer, and Rev. Moses L. Sedar has made frequent visits in behalf of the Jewish patients. Rev. Albert C. Larned, representing the Episcopal City Mission, gave up his work here on account of ill health, and in October Rev. Frank H. Stedman was assigned in his place.

The entertainment of patients has been given the usual careful consideration. Moving picture shows have been well received, and dances have been held from time to time. The radio programs continue to furnish enjoyment to the patients in practically all of the wards. The Christmas entertainment in the East Group chapel was attended by a large number of patients and was thoroughly enjoyed.

Representatives of the Department of Mental Diseases have visited the hospital from time to time.

Contracts were awarded by the Department of Mental Diseases on July 31, 1930, for a building for twenty male employees and a building for sixty female employees in the East Group. The former was completed and occupied on March 6th and will be known as the East Group male employees' building. The latter was finished and occupied on March 16th and will be designated as the East Group office building. The old Austin farm house was removed from its former site to a place just inside of the hospital entrance to the East Group on Canterbury Street. An addition to this building will serve to complete what will be known hereafter as the East Group staff house. We hope to occupy this building during December. The remainder of the old East Group administration building will be torn down soon.

The new continuous bath room in the West A Building was occupied on February 10th.

On March 12th, 53 male patients were transferred to the Metropolitan Hospital, followed by 41 male patients on March 25th. On April 8th, 55 female patients were transferred to the same institution, and 47 more on April 22nd. This makes a total of 94 male and 102 female patients transferred to the Metropolitan Hospital during the year. On October 23rd, 27 male and 21 female patients were transferred to the Grafton State Hospital.

Loud speakers were installed in the various wards of the West B Building in February. We now have radio reception in every ward building with the exception of East B and West H.

Shelving was installed in the occupational therapy unit in the West C Building in February, to make provision for the beginning of a patients' library, the books to be distributed under the supervision of the head occupational therapist. We are indebted for several hundred volumes to Miss E. Kathleen Jones, General Secretary of the Division of Public Libraries, of the State Department of Education. There were about one thousand volumes in this library at the end of the year.

Considerable grading has been done in front of the administration building during the summer, and a hedge fence was planted on Morton and Harvard Streets. This will add materially to the attractive appearance of the administration building.

The old garage and several old wooden storehouses near the administration building in the East Group were torn down during the summer, and considerable grading was done around the male employees' building.

Extensive grading operations were completed during the year in the neighborhood of the new East Group staff building.

Gas was installed in the employees' clubhouse in the West Group, in October.

A food elevator was installed in the West A Building during the summer. This will make it possible for us to bring food supplies upstairs from the kitchen to the West A-2 ward. One of the six-bed dormitories will be made over later into a dining room.

A food elevator was installed during the summer in West E I. This building will be remodelled and made available for the care of tuberculous male patients.

In October, window guards were installed in West E I and in the top floor of West B Building (West B-6).

The following painting was done during the year:

East Group. The interior of the laundry, including the wash room, and the interior of the storehouse.

West Group. The interior of the West Group nurses' home, and the interior and exterior of the West Group kitchen.

Field Day exercises were held at the West Group on July 3rd. A 60-piece band from the House of the Angel Guardian School furnished the music. A tent was erected and the baseball field decorated for the occasion. Refreshments were served and there were games of all sorts for both patients and employees, prizes being awarded for the various events. The women of the East Group were brought over by buses furnished by the Boston Elevated Company. The expenses of the entertainment were paid by the employees' club.

On February 23rd, Joseph A. Siciliano was appointed pharmacist to fill a vacancy which had existed since August 2, 1930.

Chapter 245 of the Acts of 1931 appropriated the sum of \$15,000 for the purchase and erection of fencing. This will be installed on Morton and Canterbury Streets.

The channel of the Canterbury Branch of Stony Brook is still badly obstructed by weeds. It has not been cleaned out since 1926.

The new greenhouse, for which provision was made in the appropriation already referred to for the East Group office building, male employees' building, etc., will be located in the East Group, facing the administration building, at a point about 250 feet southwest of the East Group kitchen and dining room building.

Chapter 268 of the Acts of 1931 carried with it an item of \$400,000 for the construction and equipment of a reception building for the Boston State Hospital. This will be located in the West Group halfway between the administration building and the West G Building. Contracts for this building were awarded by the Department of Mental Diseases on September 1st as follows:

General Contract, (Griffin-Bordiere Co.)	\$237,500.00
Plumbing, (J. S. Cassidy Inc.)	27,880.00
Heating and Ventilating (R. H. Baker Co., Inc.)	34,400.00
Electric Wiring (Sword Bros., Inc.)	7,450.00

The work of excavation was commenced on September 14th, and the concrete foundation was finished on October 10th. Work was well under way at the end of the year, and it is hoped that the building can be occupied on or before October 1, 1932.

Chapter 420 of the Acts of 1930 authorized the Department of Public Works to construct a new highway running from the intersection of Blue Hill Avenue and Canterbury Street to a point on Washington Street near its intersection with the West Roxbury parkway. This highway will follow the line of Canterbury Street until it reaches the hospital entrance to the East Group, where it runs through the East Group grounds, crossing Morton Street, and running through the West Group grounds at a point approximately halfway between the West B Building and the farm buildings on Canterbury Street. There will be an overhead crossing on Morton Street with a clearance of fourteen feet. The contract for this work was awarded in October to John F. Kennedy & Company of Cambridge. It is a most unfortunate thing that neither the Department of Mental Diseases nor the Trustees of the hospital had any knowledge of this project before it was authorized by an Act of the legislature. It is almost inconceivable that such a thing should have been done without the hospital authorities' being consulted. No opportunity was given to enter a protest against any such highly undesirable invasion of the hospital property. It is hardly necessary to say that the extension of a public

highway through our grounds must inevitably interfere materially with the administration of the institution.

DEVELOPMENT OF THE HOSPITAL

There are many things which must be done at this institution if it is to be brought up to date and placed on a level with the best mental hospitals of the day.

The grounds are not properly lighted at night, and our employees, who have to walk long distances to get to the street car line, have been assaulted from time to time in the dark.

A complete system of roads and walks has never been installed, and the attendants working in the West Group cannot get to the car line at certain seasons of the year without walking through the mud or snow.

We have over 600 patients housed in five stucco buildings which are not fireproof, and constitute a menace to the safety of the hospital. These buildings have wooden floors, wooden stairways, an obsolete system of electric wiring, and cannot be equipped with effective means of fire protection. Shortly after the disastrous Scobey Hospital fire, the Fire Commissioner of the City of Boston recommended that "All old buildings, wooden and stucco, should be demolished and buildings of 1st class fireproof construction be erected in their stead."

One hundred and twenty-one employees are housed in the ward buildings, in the immediate proximity of patients, many of a noisy and violent type. Forty-seven of these employees are living in attics, some of which are unfinished in part and are not suitable for occupancy. They are, furthermore, living under conditions which would be highly undesirable, if not actually dangerous, in the event of fire. Buildings for the accommodation of these people should be provided for.

As a result of conditions representing various stages in the development of this institution, the power plant in the East Group furnishes the hospital with both direct and alternating current. Practically the entire East Group is furnished with direct current, and the West Group with alternating. The result is that we have to run two generators in the day time and two in the night, whereas one would otherwise be sufficient. Great economies could be effected by the erection of a new and modern type of power plant.

Attention should be called to the fact that this hospital has no centrally located assembly hall large enough to provide for the needs of the whole hospital and furnish our patients with proper facilities for religious services, moving picture shows, entertainments, etc.

The hospital has never had a laboratory building. It has had no building for industrial or occupational therapy, no suitable or adequate quarters for employees, and no separate accommodations for the care of tuberculous cases. To comply with the laws of the Commonwealth we need a paint shop in a separate building. We also need a new and larger greenhouse and a garage large enough to accommodate the cars and trucks belonging to the State, as well as to some of our medical officers and employees. Cottages should be erected for the steward, chief engineer, head farmer, various medical officers, etc.

In view of these facts, I would most respectfully suggest the advisability of starting upon some course of construction and development at this institution without any further loss of time. The procedure suggested is nothing more nor less than the completion of a program which should have been inaugurated and carried out many years ago. It is, of course, understood that this cannot all be done at once. For immediate consideration I would suggest the following:

Building for 15 Women, 12 Married Couples, and West Group Offices: Adequate accommodations have never been available for the employees in the West Group of the hospital, and the time has come when this situation should be remedied, while the cost of construction is so low. I regret to say that we still have nearly fifty people housed in the attics of the old stucco buildings. In the West C and D buildings these can be reached only by going through the wards. This arrangement has led to serious complications from time to time in the past. The rooms in these attics are not fit for occupancy and it is practically impossible to keep them free from vermin. It has been impossible to retain in the service for any length of time persons who are assigned to these attics for quarters. There

are nearly 125 employees living in ward buildings. The West G Building, for instance, which houses all of the noisy, destructive, and violent male patients in the West Group, has accommodations in the wards for seven male attendants. There are forty-eight employees in the West D Building, which was designed for the use of patients only. We have never had anything like sufficient accommodations for married people. It will, of course, be necessary to provide space for additional employees, both men and women, for the new reception building. For that reason, I would recommend a building for 45 women and 12 married couples, the first floor to be used for office space for the West Group. Our office accommodations in the old building erected by the City of Boston many years ago, are, and always have been, entirely inadequate, besides being in the wrong location. We propose to take advantage of the necessity of erecting new buildings for employees to remedy this situation. The building for 125 men will be necessary to house the male employees now living in attics and ward buildings.

Road Construction: There is an enormous amount of road building and grading to be done in the grounds of the Boston State Hospital. Practically no permanent roads have ever been constructed here. Owing to the fact that we have had so few able-bodied male patients that could work outside, grading that should have been finished years ago has not been completed as yet. No grading has been done around the East B Building, which was finished in 1911. We are getting so far behind that it has been felt necessary to ask for an appropriation for building roads. We have not been able as yet to do anything towards getting a road from Harvard Street to the entrance of the new East Group office building. There has never been anything more than a cinder road leading from the corner of Harvard and Morton Streets to the West Group, which houses over 1600 patients, nor has there even been any sidewalk leading to that group. The location of the new reception building will make it necessary to build a new road leading to the West Group buildings. In view of the fact that we have over 75,000 visitors at the hospital during the course of a year, it is felt that something should be done to provide easier access to our wards. The two roads in question mean about one mile of rather difficult construction. It would take us quite a number of years to do this work, which would mean neglecting many other things that cannot very well be overlooked. Although twice that amount would be necessary to build roads such as we should have, an appropriation of \$25,000 for this purpose would put us in a position to get a start on this construction and would be of very great assistance.

Root Cellar. No suitable vegetable storage has ever been provided for this institution. The space now used for this purpose in the basement of the East Group storehouse is entirely inadequate and always has been. It is, furthermore, not at all adapted to the purpose in question. Space for general storage is also much needed. The indications are at the present time that it will be necessary for us to rent space outside the institution for the storage of root crops. Under these circumstances, it would seem to be economical and advisable to provide accommodations at this time for the storage of vegetables and solve this problem for all time.

Laboratory and Research Building. We are badly in need of a laboratory and mortuary building. The only mortuary space we have, and that is far from being satisfactory, is a small addition to one of the ward buildings. It is not possible to conceive of any worse arrangement than this. The presence of hearses and undertakers' wagons in the immediate vicinity of ward buildings is highly undesirable. The only laboratory space that we have is in the basement of one of the East Group ward buildings. It is so low that the pathologists have complained frequently of the dampness, and have felt that it injured their health. We should have a new laboratory and mortuary building far removed from any of the ward buildings and located in such a way that it could be approached from one of the streets adjoining the hospital without necessitating the presence of hearses, undertakers' wagons, etc., in the neighborhood of any of our ward buildings, particularly those which house depressed patients.

During the last few years, some very important researches have been carried out in the wards of our hospital by the Department under the direction of Dr. Myerson. This work should be developed as rapidly as possible. It cannot be

done without some kind of facilities for laboratory space, and we feel that this should be taken care of in the building asked for.

It will be quite logical to combine the research work with our own laboratory accommodations. The mortuary should be in this building and all of the autopsies done there. These two purposes can be met by the building which we are asking for, although, if anything, it is planned on entirely too small a scale.

Three Cottages for Physicians: We have never had suitable accommodations for the members of the medical staff. Three of our married physicians are living in ward buildings in quarters which are far from being commodious. The presence of infant children renders this exceedingly difficult. I should hate to lose the services of these men, but cannot very seriously criticize them for looking for openings in some of the other hospitals in this State which do have comfortable quarters for doctors. In view of these facts, I feel that it is very necessary to build at least three cottages which should cost not less than \$10,000 each. It would be inadvisable, under the existing circumstances, for the hospital to do any of this construction, which should all be covered by contract.

Respectfully submitted,

JAMES V. MAY

Superintendent.

VALUATION

November 30, 1931
REAL ESTATE

Land, 236.517 acres	\$709,508.00
Buildings	2,887,197.94
	<hr/>
	\$3,596,705.94

PERSONAL PROPERTY

Travel, transportation and office expenses	\$717.66
Food	22,422.07
Clothing and materials	25,364.97
Furnishings and household supplies	266,031.93
Medical and general care	9,346.06
Heat, light and power	6,199.20
Farm	11,821.25
Garage, stables and grounds	9,767.12
Repairs	16,157.27
	<hr/>
	\$367,827.53

SUMMARY

Real estate	\$3,596,705.94
Personal property	367,827.53
	<hr/>
	\$3,964,533.47

FINANCIAL STATEMENT

To the Department of Mental Diseases:

I respectfully submit the following report of the finances of this institution for the fiscal year ending November 30, 1931.

CASH ACCOUNT Receipts

<i>Income</i>	
Board of patients	\$103,999.30
Personal Services:	
Reimbursement from Board of Retirement	296.14
Sales:	
Travel, transportation and office expenses	\$137.82
Food	309.18
Clothing and materials	11.49
Furnishings and household supplies	27.90
Medical and general care	6.00
Repairs, ordinary	48.18
	<hr/>
Total Sales	\$540.57
Miscellaneous:	
Interest on bank balances	\$331.75
Rent	120.00
	<hr/>
	451.75
Total Income	<hr/>
	\$105,287.76

MAINTENANCE

Balance from previous year, brought forward	\$21,684.99
Appropriations, current year	841,480.00
	<hr/>
Total	\$863,164.99
Expenses (as analyzed below)	798,343.33
	<hr/>
Balance reverting to Treasury of Commonwealth	\$64,821.66

<i>Analysis of Expenses</i>	
Personal services	\$435,342.35
Religious instruction	2,079.98
Travel, transportation and office expenses	7,441.41
Food	164,524.11
Clothing and material	26,055.65
Furnishings and household supplies	34,413.68
Medical and general care	36,743.20
Heat, light and power	51,637.53
Farm	6,164.47
Garage, stable and grounds	8,529.91
Repairs, ordinary	14,746.37
Repairs and renewals	10,664.67
Total expenses for Maintenance	\$798,343.33
<i>SPECIAL APPROPRIATIONS</i>	
Balance December 1, 1930	\$140,084.35
Appropriations for current year	420,000.00
Total	\$560,084.35
Expended during year (see statement below)	\$175,906.25
Reverting to Treasury of Commonwealth	1.33
	175,907.58
Balance November 30, 1931, carried to next year	\$384,176.77

OBJECT	Act or Resolve	Whole Amount	Expended during Fiscal Year	Total Expended to Date	Balance at End of Year
Administration Building	1928-127				
	1930-115	\$180,000.00	\$21,106.46	\$172,487.04	\$7,512.96
Sewer and Water Extension	1928-127				
	1930-426	13,000.00	1,516.50	12,998.67	1.33*
Renewing of Steam Lines	1929-146				
	1930-115	67,400.00	6,851.54	60,841.07	6,558.93
Employees' Building, Green- house, etc.	1930-115				
	1931-460	163,000.00	91,749.46	153,212.83	9,787.17
Reception Building, equipment	1931-268	400,000.00	54,111.49	54,111.49	345,888.51
Erection of Fence	1931-245	15,000.00	570.80	570.80	14,429.20
		\$838,400.00	\$175,906.25	\$454,221.90	\$384,178.10
Balance reverting to Treasury of the Commonwealth during year (mark item with *)					\$1.33
Balance carried to next year					384,176.77
Total as above					\$384,178.10

PER CAPITA

During the year the average number of inmates has been 2,169.09.

Total cost of maintenance, \$798,343.33.

Equal to a weekly per capita cost of \$7.0779.

Receipt from sales \$540.57.

Equal to a weekly per capita of \$.00479.

All other institution receipts, \$104,747.19.

Equal to a weekly per capita of \$.92867.

Net weekly per capita \$6.1445.

Respectfully submitted,
ADELINE J. LEARY,

Treasurer.

STATISTICAL TABLES

AS ADOPTED BY THE AMERICAN PSYCHIATRIC ASSOCIATION
PRESCRIBED BY THE MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

TABLE 1. *General Information*

Data correct at end of hospital year, November 30, 1931

1. Date of opening as a hospital for mental diseases, December 11, 1839.
2. Type of hospital: State since December 1, 1908.
3. Hospital plant:

Value of hospital property:

Real estate, including buildings,	\$3,596,705.94
Personal property	367,827.53

Total

\$3,964,533.47

Total acreage of hospital property owned, 236.517 acres.

Total acreage under cultivation during previous year, 131.74 acres

4. Officers and Employees:

	Actually in Service at End of Year			Vacancies at End of Year		
	M.	F.	T.	M.	F.	T.
Superintendents	1	—	1	—	—	—
Assistant Superintendent	1	—	1	—	—	—
Assistant physicians	5	5½	10½	1	½	1½
Senior Physician (Pathologist)	—	1	1	—	—	—
Total physicians	7	6½	13½	1	½	1½
Stewards	1	—	1	—	—	—
Resident dentists	1	—	1	—	—	—
Pharmacists	1	—	1	—	—	—
Graduate nurses	—	20	20	—	—	—
Other nurses and attendants	106	119	225	13	8	21
Occupational therapists	—	10	10	—	1	1
Social Workers	—	4	4	—	1	1
All other officers and employees	91	87	178	½	—	½
Total officers and employees	207	246½	453½	13½	10½	24

NOTE: — The following items, 5-8 inclusive, are for the year ending September 30, 1931.

5. Census of Patient Population at end of year:

	Actually in Hospital			Absent from Hospital but Still on Books		
	M.	F.	T.	M.	F.	T.
White:						
Insane	860	1,184	2,044	72	104	176
Mental defectives	3	7	10	—	—	—
All other cases	6	3	9	2	—	2
Total	869	1,194	2,063	74	104	178
Other Races:						
Insane	26	36	62	4	2	6
All other cases	—	2	2	—	—	—
Total	26	38	64	4	2	6
Grand Total	895	1,232	2,127	78	106	184
			M.		F.	T.
6. Patients under treatment in occupational-therapy classes, including physical training, on date of report			88		196	284
7. Other patients employed in general work of hospital on date of report			474		346	820
8. Average daily number of all patients actually in hospital during year			938.11		1,248.68	2,186.79

TABLE 2. *Financial Statement.*

See Treasurer's report for data requested under this table.

NOTE: — The following tables 3-19, inclusive, are for the Statistical year ended September 30, 1931.

TABLE 3. *Movement of Patient Population*

	REGULAR COURT COMMITMENT (INSANE)			VOLUNTARY			TEMPORARY CARE			OBSERVATION			TOTAL ON BOOKS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books of Institution September 30, 1930	1,053	1,396	2,449	-	-	-	-	-	-	16	6	22	1,069	1,402	2,471
Admissions during year:															
First Admissions	179	250	429	-	-	-	46	35	81	19	5	24	244	290	534
Readmissions	41	40	81	-	-	-	12	15	27	25	10	35	78	65	143
Transfers from other hospitals for mental diseases	14	15	29	-	-	-	-	-	-	-	-	-	14	15	29
Total received during year	234	305	539	-	-	-	58	50	108	44	15	59	336	370	706
Total on books during year	1,287	1,701	2,988	-	-	-	58	50	108	60	21	81	1,405	1,772	3,177
Discharged from books during year:															
As recovered	18	38	56	-	-	-	3	2	5	5	4	9	26	44	70
As improved	48	56	104	-	-	-	5	4	9	7	-	7	60	60	120
As unimproved	11	15	26	-	-	-	34	30	64	6	2	8	51	47	98
As without psychosis	-	5	5	-	-	-	9	8	17	23	8	31	32	21	53
Transferred to other hospitals for mental diseases	113	109	222	-	-	-	-	-	-	-	-	-	113	109	222
Died during year	141	146	287	-	-	-	6	5	11	3	2	5	150	153	303
Total discharged, transferred and died during year	331	369	700	-	-	-	57	49	106	44	16	60	432	434	866
Insane patients remaining on books of hospital at end of hospital year:															
In hospital.	878	1,226	2,104	-	-	-	1	1	2	16	5	21	895	1,232	2,127
On parole or otherwise absent	78	106	184	-	-	-	-	-	-	-	-	-	78	106	184
Total	956	1,332	2,288	-	-	-	1	1	2	16	5	21	973	1,338	2,311

TABLE 4. *Nativity of First Admissions and of Parents of First Admissions*

NATIVITY	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
United States	101	131	232	31	29	24	52	53	44
Austria	2	3	5	2	2	2	3	3	3
Belgium	—	1	1	—	—	—	1	1	1
Canada ¹	14	30	44	12	13	9	26	29	22
China	1	—	1	1	1	1	—	—	—
Cuba	—	1	1	—	—	—	—	1	—
Denmark	—	1	1	—	—	—	—	1	—
England	5	2	7	6	3	3	6	2	2
France	—	—	—	1	—	—	—	—	—
Germany	3	3	6	5	7	5	9	9	7
Greece	2	—	2	2	2	2	—	—	—
Holland	—	—	—	1	—	—	—	—	—
Ireland	27	43	70	64	63	58	81	80	70
Italy	7	13	20	16	16	16	16	16	16
Norway	1	2	3	1	1	1	2	2	2
Poland	2	2	4	4	3	3	2	2	2
Portugal	1	—	1	1	1	1	1	—	—
Russia	8	7	15	11	12	11	11	10	10
Scotland	3	2	5	2	4	2	2	1	1
Spain	—	1	1	—	—	—	1	1	1
Sweden	—	1	1	2	1	1	6	5	5
Switzerland	—	—	—	—	—	—	1	1	1
Wales	—	—	—	—	1	—	—	—	—
West Indies ²	—	1	1	1	1	1	1	1	1
Other countries	2	3	5	2	2	2	5	5	5
Unascertained	—	3	3	14	17	14	24	27	23
Total	179	250	429	179	179	156	250	250	216

¹Includes Newfoundland.²Except Cuba and Porto Rico

TABLE 5. *Citizenship of First Admissions*

	Males	Females	Total
Citizens by birth	101	131	232
Citizens by naturalization	44	56	100
Aliens	18	34	52
Citizenship unascertained	16	29	45
Total	179	250	429

TABLE 6. *Psychoses of First Admissions*

PSYCHOSES	M.	F.	T.	M.	F.	T.
1. Traumatic psychoses				3	1	4
2. Senile psychoses				5	38	43
3. Psychoses with cerebral arteriosclerosis				72	84	156
4. General paralysis				14	6	20
5. Psychoses with cerebral syphilis				—	—	—
6. Psychoses with Huntington's chorea				—	—	—
7. Psychoses with brain tumor				1	—	1
8. Psychoses with other brain or nervous diseases, total				7	1	8
Paralysis agitans	2	—	2			
Meningitis, tubercular or other forms	2	—	2			
Other diseases	3	1	4			
9. Alcoholic psychoses, total				12	6	18
Korsakow's psychosis	1	3	4			
Acute hallucinosis	3	2	5			
Other types, acute or chronic	8	1	9			
10. Psychoses due to drugs and other exogenous toxins, total				2	1	3
Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined	1	1	2			
Other exogenous toxins	1	—	1			
11. Psychoses with pellagra				1	—	1
12. Psychoses with other somatic diseases, total				3	6	9
Post-infectious psychosis	—	1	1			
Delirium of unknown origin	—	1	1			
Cardio-renal diseases	2	—	2			
Other diseases or conditions	1	4	5			
13. Manic-depressive psychoses, total				37	49	86
Manic type	5	16	21			
Depressive type	27	16	43			
Other types	5	17	22			
14. Involution melancholia				5	5	10
15. Dementia praecox (schizophrenia)				4	17	21
16. Paranoia and paranoid conditions				3	12	15
17. Epileptic psychoses				1	4	5
18. Psychoneuroses and neuroses, total				1	2	3
Hysterical type	—	1	1			
Neurasthenic type	—	1	1			
Other types	1	—	1			
19. Psychoses with psychopathic personality				—	4	4
20. Psychoses with mental deficiency				7	11	18
21. Undiagnosed psychoses				—	2	2
22. Without psychosis, total				1	1	2
Mental deficiency without psychosis	1	—	1			
Others	—	1	1			
Total				179	250	429

TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses*

RACE	Total			Traumatic			Senile			With cerebral arterio-sclerosis			General paralysis		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	7	15	22	—	—	—	—	2	2	3	6	9	2	1	3
Armenian	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Chinese	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
English	3	13	16	—	—	—	—	1	1	1	—	1	—	—	—
French	1	1	2	—	—	—	—	—	—	1	—	1	—	—	—
German	6	9	15	—	—	—	—	3	3	2	5	7	1	—	1
Greek	2	1	3	—	—	—	—	—	—	—	—	—	1	—	1
Hebrew	14	14	28	—	—	—	1	—	1	6	1	7	—	—	—
Irish	63	91	154	3	1	4	2	12	14	27	34	61	2	1	3
Italian ¹	16	16	32	—	—	—	—	4	4	2	3	5	2	—	2
Lithuanian	2	1	3	—	—	—	—	—	—	—	—	—	1	—	1
Magyar	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Portuguese	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ²	2	7	9	—	—	—	—	—	—	1	1	2	1	—	1
Scotch	2	1	3	—	—	—	1	—	1	—	1	1	—	—	—
Slavonic ³	1	2	3	—	—	—	—	—	—	1	—	1	—	—	—
Spanish	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	—	3	5	—	—	—	—	—	—	—	—	—	—	—	—
Mixed	55	68	123	—	—	—	1	15	16	28	31	59	4	3	7
Race unascertained	—	3	3	—	—	—	—	1	1	—	2	2	—	—	—
Total	179	250	429	3	1	4	5	38	43	72	84	156	14	6	20

TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses — Continued.*

RACE	With brain tumor			With other brain or nervous diseases			Alcoholic			Due to drugs and other exogenous toxins			With pellagra		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Armenian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chinese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
French	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
German	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Greek	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hebrew	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Irish	1	—	1	3	—	3	8	2	10	—	1	1	—	—	—
Italian ¹	—	—	—	1	—	1	—	—	—	1	—	1	—	—	—
Lithuanian	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Magyar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ²	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scotch	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Slavonic ³	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—
Spanish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	—	—	—	1	—	1	1	—	1	—	—	—	—	—	—
Mixed	—	—	—	2	1	3	2	3	5	1	—	1	1	—	1
Race unascertained	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1	—	1	7	1	8	12	6	18	2	1	3	1	—	1

¹Includes "North" and "South."²Norwegians, Danes and Swedes.³Includes Bohemian, Bosnian, Croatian, Delmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses — Continued.*

RACE	With other somatic diseases			Manic-depressive			Involution melancholia			Dementia praecox			Paranoia and paranoid conditions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	—	—	—	2	2	4	—	—	—	—	2	2	—	—	—
Armenian	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—
Chinese	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
English	—	—	—	1	3	4	1	1	2	—	—	—	—	—	—
French	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
German	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
Greek	—	—	—	1	—	1	—	—	—	—	—	—	—	1	1
Hebrew	—	—	—	4	8	12	—	—	—	—	1	1	—	4	4
Irish	—	5	5	10	19	29	2	—	2	2	9	11	1	6	7
Italian ¹	—	—	—	8	6	14	—	1	1	1	—	1	1	—	1
Lithuanian	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
Magyar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ²	—	—	—	1	2	3	—	1	1	—	1	1	—	—	—
Scotch	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Slavonic ³	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Spanish	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Syrian	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Other specific races	—	—	—	—	2	2	—	—	—	—	1	1	—	—	—
Mixed	1	1	2	8	4	12	1	1	2	1	2	3	1	1	2
Race unascertained	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	3	6	9	37	49	86	5	5	10	4	17	21	3	12	15

TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses — Concluded.*

RACE	Epileptic psychoses			Psycho-neuroses and neuroses			With psychopathic personality			With mental deficiency			Undiagnosed psychoses			Without psychosis		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—
Armenian	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—
Chinese	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—
English	—	—	—	1	1	—	2	2	—	5	5	—	—	—	—	—	—	—
French	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—
German	—	—	—	—	—	—	1	1	—	1	1	—	—	—	—	—	—	—
Greek	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hebrew	—	—	—	—	—	—	—	—	—	3	—	3	—	—	—	—	—	—
Irish	1	1	2	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Italian ¹	—	—	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—
Lithuanian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Magyar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ²	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—
Scotch	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Slavonic ³	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spanish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed	—	3	3	1	—	1	—	—	—	2	2	4	—	—	—	1	1	2
Race unascertained	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1	4	5	1	2	3	—	4	4	7	11	18	—	2	2	1	1	2

¹Includes "North" and "South."²Norwegians, Danes and Swedes.³Includes Bohemian, Bosnian, Croatian, Delmatian, Herzegovinian, Montereigrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

TABLE 8. Age of First Admissions Classified with Reference to Principal Psychoses

PSYCHOSES	Total			Under 15 years			15-19 years			20-24 years			25-29 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	5	38	43	-	-	-	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis	72	84	156	-	-	-	-	-	-	-	-	-	-	-	-
4. General paralysis	14	6	20	-	-	-	1	1	-	-	-	-	-	-	-
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	7	1	8	-	-	-	1	-	1	-	-	-	1	-	1
9. Alcoholic	12	6	18	-	-	-	-	-	-	-	-	-	2	-	2
10. Due to drugs and other exogenous toxins	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
12. With other somatic diseases	3	6	9	-	-	-	-	-	-	-	-	-	-	1	1
13. Manic-depressive	37	49	86	-	-	-	4	7	11	7	7	14	3	6	9
14. Involution melancholia	5	5	10	-	-	-	-	-	-	-	-	-	-	-	-
15. Dementia praecox	4	17	21	-	-	-	-	-	-	2	1	3	2	2	4
16. Paranoia and paranoid conditions	3	12	15	-	-	-	-	-	-	-	-	-	-	-	-
17. Epileptic psychoses	1	4	5	-	1	1	-	-	-	-	-	-	-	1	1
18. Psychoneuroses and neuroses	1	2	3	-	-	-	1	1	-	-	-	-	1	-	1
19. With psychopathic personality	-	4	4	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	7	11	18	-	1	1	2	1	3	2	2	4	-	-	-
21. Undiagnosed psychoses	-	2	2	-	-	-	-	-	-	-	-	-	-	1	1
22. Without psychosis	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-
Total	179	250	429	-	2	2	7	10	17	11	10	21	10	11	21

TABLE 8. Age of First Admissions Classified with Reference to Principal Psychoses — Continued

PSYCHOSES	30-34 years			35-39 years			40-44 years			45-49 years			50-54 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
2. Senile	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
3. With cerebral arteriosclerosis	-	-	-	-	-	-	-	-	-	1	1	-	2	3	5
4. General paralysis	1	1	2	2	-	2	2	-	2	2	2	4	1	1	2
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
8. With other brain or nervous diseases	-	-	-	1	-	1	1	-	1	-	-	-	1	1	2
9. Alcoholic	3	-	3	-	1	1	3	-	3	1	2	3	1	2	3
10. Due to drugs and other exogenous toxins	1	-	1	1	-	1	-	-	-	1	1	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	-	-	-	-	-	-	-	-	1	1	-	2	1	3
13. Manic-depressive	5	5	10	3	7	10	3	11	14	2	2	4	3	1	4
14. Involution melancholia	-	-	-	-	1	1	-	1	1	-	1	1	-	-	1
15. Dementia praecox	-	3	3	-	4	4	-	4	4	-	1	1	-	1	1
16. Paranoia and paranoid conditions	-	2	2	-	1	1	-	2	2	-	2	2	-	1	1
17. Epileptic psychoses	-	-	-	-	1	1	-	-	-	1	1	2	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
19. With psychopathic personality	-	-	-	-	3	3	-	-	-	-	-	-	-	1	1
20. With mental deficiency	-	3	3	-	1	1	-	2	2	1	-	1	1	-	1
21. Undiagnosed psychoses	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
22. Without psychosis	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Total	11	14	25	7	19	26	9	21	30	7	15	22	13	14	27

TABLE 8. *Age of First Admissions Classified with Reference to Principal Psychoses — Concluded*

PSYCHOSES	55-59 years			60-64 years			65-69 years			70 years and over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	2	—	2	1	—	1	—	—	—
2. Senile	—	—	—	1	2	3	2	7	9	2	28	30
3. With cerebral arteriosclerosis	4	5	9	14	10	24	14	13	27	38	52	90
4. General paralysis	2	1	3	1	—	1	1	—	1	2	—	2
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	1	—	1	1	—	1	—	—	—
9. Alcoholic	2	1	3	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	—	2	2	1	1	2	—	—	—	—	—	—
13. Manic-depressive	3	1	4	2	—	2	1	—	1	1	2	3
14. Involution melancholia	4	2	6	—	—	—	—	—	—	—	—	—
15. Dementia praecox	—	1	1	—	—	—	—	—	—	—	—	—
16. Paranoia and paranoid conditions	2	4	6	—	—	—	—	—	—	1	—	1
17. Epileptic psychoses	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	—	1	1	1	—	1	—	—	—	—	—	—
21. Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis	—	—	—	—	—	—	—	—	—	1	—	1
Total	17	18	35	23	13	26	20	20	40	44	83	127

TABLE 9. Degree of Education of First Admissions Classified with Reference to Principal Psychoses.

Psychoses	Total		Illiterate		Reads and writes ¹		Common school		High school	College	Unascertained
	M.	F.	M.	F.	M.	F.	M.	F.			
1. Traumatic	3	1	4	T.	M.	F.	T.	M.	F.	T.	M. F. T.
2. Senile	5	38	43		7	8		2	1	3	
3. With cerebral arteriosclerosis	72	84	156		1	7		4	2	16	8
4. General paralysis	14	6	20		2	10		47	17	39	7
5. With cerebral syphilis					2	12		9	8	2	16
6. With Huntington's chorea						2		6	2	23	
7. With brain tumor											
8. With other brain or nervous diseases											
9. Alcoholic	12	1	1								
10. Due to drugs and other exogenous toxins	12	16	18		1	1		1		1	
11. With pellagra	2	1	3		1	2		4	2	5	
12. With other somatic diseases	1	1	1					2	1	13	1
13. Manic-depressive	37	6	9		1	1		1		3	
14. Involution melancholia	5	49	86		3	4		22	15	27	
15. Dementia praecox	4	5	10		1	4		5	27	49	
16. Paranoia and paranoid conditions	3	17	21					10	3	8	1
17. Epileptic psychoses	4	12	15					6	7	10	
18. Psychoneuroses and neuroses	1	4	5		2	2		2	1	1	
19. With psychopathic personality	1	2	3					4	1	1	
20. With mental deficiency	7	4	4					1	1	2	
21. Undiagnosed psychoses	1	11	18		1	1		5	2	13	
22. Without psychosis	1	2	2		1	1		1	1	1	
Total	179	250	429		11	23		116	37	253	8 25 33

¹Includes those who did not complete fourth grade in school.

TABLE 10. *Environment of First Admissions Classified with Reference to Principal Psychoses.*

PSYCHOSES	Total			Urban		
	M.	F.	T.	M.	F.	T.
1. Traumatic	3	1	4	3	1	4
2. Senile	5	38	43	5	38	43
3. With cerebral arteriosclerosis	72	84	156	72	84	156
4. General paralysis	14	6	20	14	6	20
5. With cerebral syphilis	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—
7. With brain tumor	1	—	1	1	—	1
8. With other brain or nervous diseases	7	1	8	7	1	8
9. Alcoholic	12	6	18	12	6	18
10. Due to drugs and other exogenous toxins	2	1	3	2	1	3
11. With pellagra	1	—	1	1	—	1
12. With other somatic diseases	3	6	9	3	6	9
13. Manic-depressive	37	49	86	37	49	86
14. Involution melancholia	5	5	10	5	5	10
15. Dementia praecox	4	17	21	4	17	21
16. Paranoia and paranoid conditions	3	12	15	3	12	15
17. Epileptic psychoses	1	4	5	1	4	5
18. Psychoneuroses and neuroses	1	2	3	1	2	3
19. With psychopathic personality	—	4	4	—	4	4
20. With mental deficiency	7	11	18	7	11	18
21. Undiagnosed psychoses	—	2	2	—	2	2
22. Without psychosis	1	1	2	1	1	2
Total	179	250	429	179	250	429

TABLE 11. *Economic Condition of First Admissions Classified with Reference to Principal Psychoses*

PSYCHOSES	Total			Dependent			Marginal			Comfortable			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	3	1	4	—	—	—	3	1	4	—	—	—	—	—	—
2. Senile	5	38	43	—	12	12	5	24	29	—	—	—	—	2	2
3. With cerebral arteriosclerosis	72	84	156	13	15	28	56	62	118	1	—	1	2	7	9
4. General paralysis	14	6	20	1	1	2	13	5	18	—	—	—	—	—	—
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
8. With other brain or nervous diseases	7	1	8	3	—	3	4	1	5	—	—	—	—	—	—
9. Alcoholic	12	6	18	—	—	—	12	6	18	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	2	1	3	1	—	1	1	1	2	—	—	—	—	—	—
11. With pellagra	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	3	6	9	—	—	—	3	6	9	—	—	—	—	—	—
13. Manic-depressive	38	49	86	2	10	12	35	39	74	—	—	—	—	—	—
14. Involution melancholia	5	5	10	—	1	1	5	4	9	—	—	—	—	—	—
15. Dementia praecox	4	17	21	—	3	3	4	14	18	—	—	—	—	—	—
16. Paranoia and paranoid conditions	3	12	15	—	2	2	3	9	12	—	1	1	—	—	—
17. Epileptic psychoses	1	4	5	—	2	2	1	2	3	—	—	—	—	—	—
18. Psychoneuroses and neuroses	1	2	3	—	2	2	1	—	1	—	—	—	—	—	—
19. With psychopathic personality	—	4	4	—	—	—	—	4	4	—	—	—	—	—	—
20. With mental deficiency	7	11	18	3	7	10	4	4	8	—	—	—	—	—	—
21. Undiagnosed psychoses	—	2	2	—	—	—	—	2	2	—	—	—	—	—	—
22. Without psychosis	1	1	2	1	—	1	—	1	1	—	—	—	—	—	—
Total	179	250	429	25	55	80	151	185	336	1	1	2	2	9	11

TABLE 12. *Use of Alcohol by First Admissions Classified with Reference to Principal Psychoses*

PSYCHOSES	Total			Abstinent			Temperate			Intemperate			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	3	1	4	—	—	—	2	—	2	1	1	2	—	—	—
2. Senile	5	38	43	2	19	21	3	4	7	—	1	1	—	14	14
3. With cerebral arterio-sclerosis	72	84	156	22	55	77	25	10	35	17	3	20	8	16	24
4. General paralysis	14	6	20	5	2	7	5	3	8	3	—	3	1	1	2
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
8. With other brain or nervous diseases	7	1	8	4	—	4	1	1	2	1	—	1	1	—	1
9. Alcoholic	12	6	18	—	—	—	—	—	—	12	6	18	—	—	—
10. Due to drugs and other exogenous toxins	2	1	3	—	—	—	1	—	1	1	1	2	—	—	—
11. With pellagra	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
12. With other somatic diseases	3	6	9	2	4	6	—	1	1	—	1	1	1	—	1
13. Manic-depressive	37	49	86	17	28	45	14	19	33	6	1	7	—	1	1
14. Involution melancholia	5	5	10	2	3	5	3	1	4	—	—	—	—	1	1
15. Dementia praecox	4	17	21	3	9	12	1	7	8	—	—	—	—	1	1
16. Paranoia and paranoid conditions	3	12	15	—	8	8	2	2	4	1	1	2	—	1	1
17. Epileptic psychoses	1	4	5	—	4	4	—	—	—	1	—	1	—	—	—
18. Psychoneuroses and neuroses	1	2	3	—	1	1	—	1	1	1	—	1	—	—	—
19. With psychopathic personality	—	4	4	—	1	1	—	3	3	—	—	—	—	—	—
20. With mental deficiency	7	11	18	6	6	12	—	5	5	1	—	1	—	—	—
21. Undiagnosed psychoses	—	2	2	—	1	1	—	1	1	—	—	—	—	—	—
22. Without psychosis	1	1	2	1	1	2	—	—	—	—	—	—	—	—	—
Total	179	250	429	64	142	206	57	58	115	47	15	62	11	35	46

TABLE 13. *Marital Condition of First Admissions Classified with Reference to Principal Psychoses.*

PSYCHOSES	Total			Single		Married		Widowed		Separated		Divorced	
	M.	F.	T.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Traumatic	3	1	4	—	—	3	1	—	—	—	—	—	—
2. Senile	5	38	43	2	13	3	3	—	22	—	—	—	—
3. With cerebral arteriosclerosis	72	84	156	13	19	34	7	22	54	—	—	—	—
4. General paralysis	14	6	20	5	1	5	3	4	1	—	—	3	2
5. With cerebral syphilis	—	—	—	—	6	—	—	—	76	—	—	—	5
6. With Huntington's chorea	—	—	—	—	—	—	—	—	5	—	—	—	1
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	1	—	1	1	—	—	—	—	—	—	—	—	—
9. Alcoholic	7	1	8	5	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	12	6	18	6	—	5	3	—	3	—	—	1	—
11. With pellagra	2	1	3	—	—	1	1	—	—	—	—	—	—
12. With other somatic diseases	3	6	9	1	—	2	2	1	3	—	—	—	—
13. Manic-depressive	37	49	86	27	26	8	21	2	2	—	—	—	—
14. Involution melancholia	5	5	10	2	3	3	2	2	2	—	—	—	—
15. Dementia praecox	4	17	21	4	7	3	9	—	—	—	—	—	—
16. Paranoia and paranoid conditions	3	12	15	—	3	3	8	—	1	—	—	—	—
17. Epileptic psychoses	1	4	5	—	4	1	—	—	—	—	—	—	1
18. Psychoneuroses and neuroses	1	2	3	1	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	—	4	4	—	1	—	—	—	—	—	—	—	—
20. With mental deficiency	7	11	18	7	8	—	2	—	—	—	—	—	—
21. Undiagnosed psychoses	—	2	2	—	2	—	3	—	—	—	—	—	—
22. Without psychosis	1	1	2	1	—	—	—	—	1	—	—	—	—
Total.	179	250	429	75	90	70	66	29	88	—	2	5	4
				165	117	136	117	117	117	2	2	9	9

TABLE 14. *Psychoses of Readmissions*

PSYCHOSES	Males	Females	Total
1. Traumatic psychoses	—	—	—
2. Senile psychoses	—	2	2
3. Psychoses with cerebral arteriosclerosis	2	2	4
4. General paralysis	2	1	3
5. Psychoses with cerebral syphilis	—	—	—
6. Psychoses with Huntington's chorea	—	—	—
7. Psychoses with brain tumor	—	—	—
8. Psychoses with other brain or nervous diseases	—	1	1
9. Alcoholic psychoses	5	1	6
10. Psychoses due to drugs and other exogenous toxins	—	1	1
11. Psychoses with pellagra	—	—	—
12. Psychoses with other somatic diseases	1	—	1
13. Manic-depressive	19	17	36
14. Involution melancholia	—	—	—
15. Dementia praecox	4	7	11
16. Paranoia and paranoid conditions	1	—	1
17. Epileptic psychoses	—	—	—
18. Psychoneuroses and neuroses	2	—	2
19. Psychoses with psychopathic personality	1	2	3
20. Psychoses with mental deficiency	3	3	6
21. Undiagnosed psychoses	1	1	2
22. Without psychosis	—	2	2
Total	41	40	81

TABLE 15. *Discharges of Patients Classified with Reference to Principal Psychoses and Condition on Discharge*

PSYCHOSES	Total			Recovered			Improved			Unimproved		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	2	—	2	—	—	—	2	—	2	—	—	—
2. Senile	—	6	6	—	—	—	—	5	5	—	1	1
3. With cerebral arteriosclerosis	14	11	25	—	1	1	10	6	16	4	4	8
4. General paralysis	6	—	6	—	—	—	3	—	3	3	—	3
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	2	4	6	—	—	—	2	1	3	—	3	3
9. Alcoholic	12	6	18	8	4	12	4	2	6	—	—	—
10. Due to drugs and other exogenous toxins	—	3	3	—	3	3	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	1	5	6	—	4	4	1	1	2	—	—	—
13. Manic-depressive	18	39	57	8	22	30	9	16	25	1	1	2
14. Involution melancholia	—	7	7	—	1	1	—	5	5	—	1	1
15. Dementia praecox	7	6	13	—	—	—	4	5	9	3	1	4
16. Paranoia and paranoid conditions	2	8	10	—	—	—	2	7	9	—	1	1
17. Epileptic psychoses	1	1	2	—	—	—	1	1	2	—	—	—
18. Psychoneuroses and neuroses	1	1	2	1	—	1	—	1	1	—	—	—
19. With psychopathic personality	1	1	2	—	1	1	1	—	1	—	—	—
20. With mental deficiency	7	7	14	—	2	2	7	4	11	—	1	1
21. Undiagnosed psychoses	3	4	7	1	—	1	2	2	4	—	2	2
22. Without psychosis	—	5	5	—	—	—	—	—	—	—	—	—
Total	77	114	191	18	38	56	48	56	104	11	15	26

TABLE 16. Causes of Death of Patients Classified with Reference to Principal Psychoses

CAUSES OF DEATH	Total			Senile			With cerebral arterio-sclerosis			General paralysis			Alcoholic			Manic-depressive		
	Total			Senile			With cerebral arterio-sclerosis			General paralysis			Alcoholic			Manic-depressive		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>Epidemic, Endemic and Infectious Diseases</i>																		
Tuberculosis of the respiratory system	19	7	26	1	—	1	3	—	3	1	—	1	2	1	3	2	—	2
<i>General Diseases not Included in Class I</i>																		
Cancer and other malignant tumors	7	4	11	—	1	1	1	2	3	1	1	2	1	—	1	—	—	—
Other general diseases	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Nervous System</i>																		
Cerebral hemorrhage, apoplexy	2	3	5	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—
General paralysis of the insane	19	8	27	—	—	—	—	—	—	19	8	27	—	—	—	—	—	—
Other forms of mental disease	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epilepsy	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the nervous system	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Circulatory System</i>																		
Endocarditis and myocarditis	33	67	100	3	19	22	18	32	50	—	—	—	3	4	7	2	5	7
Arteriosclerosis	3	12	15	1	1	2	1	9	10	—	—	—	—	—	—	1	—	1
Other diseases of the circulatory system	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Respiratory System</i>																		
Bronchitis	1	1	2	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Bronchopneumonia	37	27	64	6	7	13	24	13	37	—	—	—	2	1	3	1	1	2
Lobar pneumonia	2	6	8	1	2	3	1	2	3	—	—	—	—	—	—	—	—	—
<i>Diseases of the Digestive System</i>																		
Ulcer of stomach and duodenum	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhea and enteritis	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hernia and intestinal obstruction	2	—	2	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Cirrhosis of liver	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of liver	2	—	2	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—
<i>Non-Veneral Diseases of the Genito-Urinary System and Anæmia</i>																		
Nephritis	7	3	10	1	2	3	3	—	3	—	—	—	1	—	1	—	—	—
<i>External Causes</i>																		
Suicide	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Accidental traumatism	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other external causes	1	1	2	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Total	141	146	287	13	36	49	58	60	118	21	9	30	9	7	16	7	7	14

TABLE 16. Causes of Death of Patients Classified with Reference to Principal Psychoses — Concluded.

CAUSES OF DEATH	Involution melancholia		Dementia praecox		Paranoia and paranoid conditions		Epileptic psychoses		Psycho-neuroses and neuroses		With mental deficiency		All other psychoses			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
<i>Epidemic, Endemic and Infectious Diseases</i>																
Tuberculosis of the respiratory system	1	—	1	6	3	9	—	1	1	—	—	—	—	1	1	3
<i>General Diseases not Included in Class I</i>																
Cancer and other malignant tumors	—	—	—	3	—	3	—	—	—	—	—	—	—	1	—	—
Other general diseases	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Nervous System</i>																
Cerebral hemorrhage, apoplexy	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
General paralysis of the insane	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other forms of mental disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Epilepsy	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
Other diseases of the nervous system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
<i>Diseases of the Circulatory System</i>																
Endocarditis and myocarditis	1	1	2	2	4	6	—	1	1	—	—	—	1	1	2	3
Arteriosclerosis	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—
Other diseases of the circulatory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Respiratory System</i>																
Bronchitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchopneumonia	—	—	—	1	2	3	—	1	1	—	—	—	1	—	1	2
Lobar pneumonia	—	—	—	—	1	1	—	—	—	—	—	—	—	—	2	4
<i>Diseases of the Digestive System</i>																
Ulcer of stomach and duodenum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhea and enteritis	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
Hernia and intestinal obstruction	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Cirrhosis of liver	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Other diseases of liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Non-Veneral Diseases of Genito-Urinary System and Anæmia</i>																
Nephritis	—	—	—	—	1	1	—	—	—	—	—	2	—	2	—	—
<i>External Causes</i>																
Suicide	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Accidental traumatism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other external causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	2	1	3	13	12	25	—	5	5	2	2	7	10	7	17	

¹Includes group 22, "Without psychosis."

TABLE 17. Age of Patients at Time of Death Classified with Reference to Principal Psychoses

PSYCHOSES	Total												35-39 years			
	Total			15-19 years			20-24 years			25-29 years				30-34 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		M.	F.	T.
1. Traumatic	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	13	36	49	—	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis	58	60	118	—	—	—	—	—	—	—	—	—	—	—	—	—
4. General paralysis	21	9	30	—	—	1	—	1	—	—	—	—	—	1	—	3
5. With cerebral syphilis	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	9	7	16	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	5	4	9	—	—	—	—	—	—	—	—	—	—	1	1	—
13. Manic-depressive	7	7	14	—	—	—	—	—	—	—	—	—	—	1	1	—
14. Involution melancholia	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia praecox	13	12	25	—	—	—	—	—	—	—	1	2	3	2	2	4
16. Paranoia and paranoid conditions	—	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic psychoses	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	5	2	7	—	—	—	—	—	—	—	—	—	—	1	—	1
21. Undiagnosed psychoses	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	141	146	287	—	1	1	1	1	2	5	3	8	6	4	10	

TABLE 17. Age of Patients at Time of Death Classified with Reference to Principal Psychoses — Concluded

PSYCHOSES	40-44 years			45-49 years			50-54 years			55-59 years			60-64 years			65-69 years			70 years and over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
2. Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—
3. With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	2	4	11	32	43
4. General paralysis	—	—	—	—	—	—	3	—	—	3	2	5	10	10	20	7	11	18	35	37	72
5. With cerebral syphilis	2	1	3	6	4	10	—	—	—	5	2	7	2	—	—	1	1	2	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	2	—	2	1	2	3	1	—	—	1	2	3	1	2	3	1	1	2	2	—	2
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Manic-depressive	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Involution melancholia	1	1	2	—	—	—	1	1	2	2	2	3	1	1	3	1	—	1	1	2	2
15. Dementia praecox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16. Paranoia and paranoid conditions	3	—	3	—	—	—	2	—	—	2	1	1	—	—	—	2	1	3	4	2	3
17. Epileptic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	8	3	11	10	7	17	11	1	12	15	10	25	19	19	38	14	19	33	51	78	129

TABLE 18. Total Duration of Hospital Life of Patients Dying in Hospital Classified According to Principal Psychoses — Concluded

PSYCHOSES	5-6 years			7-8 years			9-10 years			11-12 years			13-14 years			15-19 years			20 years and over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	-	3	3	-	1	2	-	1	1	-	-	-	-	1	1	-	3	3	-	-	-
3. With cerebral arteriosclerosis	4	3	7	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
4. General paralysis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. With cerebral syphilis	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	1	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	1	-	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic	-	1	1	-	1	1	-	1	1	2	1	3	1	1	1	-	1	1	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	-	-	1	1	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
13. Manic-depressive	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
14. Involution melancholia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15. Dementia praecox	1	1	2	2	1	2	2	1	1	2	2	4	1	-	1	3	1	4	3	7	10
16. Paranoia and paranoid conditions	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	2
17. Epileptic psychoses	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	1	-	1	-	-	-	-	-	-	-	2	1	3	-	1	1	-	-	-	1	1
21. Undiagnosed psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	7	8	15	7	2	9	3	4	7	7	4	11	3	2	5	4	8	12	4	11	15

TABLE 19. *Family Care Department*

	Males	Females	Total
Remaining in Family Care September 30, 1930	—	9	9
On visit from Family Care September 30, 1930	—	—	—
Admitted during the year	—	11	11
Whole number of cases within the year	—	20	20
Dismissed within the year	—	5	5
Returned to institution	—	5	5
Discharged	—	—	—
On visit	—	—	—
Returned from visit	—	—	—
Discharged from visit from Family Care	—	—	—
Remaining in Family Care September 30, 1931	—	15	15
On visit from Family Care September 30, 1931	—	—	—
Number of different persons within the year	—	18	18
Number of different persons admitted	—	9	9
Number of different persons discharged	—	5	5
Average daily number in Family Care during year	—	12.45	12.45
Supported by State	—	11.02	11.02
Reimbursing	—	.30	.30
Private	—	.04	.04
Self-supporting	—	1.09	1.09
Average daily number on visit from Family Care during year	—	—	—